

AUG 18 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25049

1. PLACE OF DEATH **St. Mary's Infirmary**

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003City..... **St. Louis**(No. **1536**)

Paper

File No.....

Registered No.....

5778

Ward)

2. FULL NAME **William Bailey**(a) Residence, No. **4227 a Kennerly**

(Usual place of abode)

St. **H**

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR

Divorced (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED,

HUSBAND OF
(OR) WIFE OF**Sophie Bailey**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 2, 1878

7. AGE

YEARS

58

MONTHS

3

DAYS

28

If LESS than 1

day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**Janitor**9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.**bank**10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**St. Louis
Missouri**

MOTHER FATHER

13. NAME

Peter Bailey14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**unknown**

15. MAIDEN NAME

Martha**unknown**16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**unknown**

17. INFORMANT

Sophie Bailey

(ADDRESS)

4227 a Kennerly

18. BURIAL, CREMATION, OR REMOVAL

PLACE

GREENWOOD CEM.DATE **7-6**

1936

19. UNDERTAKER

(ADDRESS)

**A. F. WALTON
2707 STODDARD RD**

20. FILE

JUL**6 1936****JUL****6 1936**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 30,19**36**

22. I HEREBY CERTIFY, That I attended deceased from

June 18,19**36,**to **June 30,**19**36**I last saw him alive on **June 30,** 19**36** Death is saidto have occurred on the date stated above, at **10:15 A.M.**

The principal cause of death and related causes of importance were as follows:

**Arteriosclerosis
Chronic Myocarditis**

Date of onset

Other contributory causes of importance:

asthenia**930**

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?.....

Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **A. G. Antheewood**

, M. D.

(Address) **St. Mary's Infirmary, St. Louis, Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

