

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Do not use this space.

CERTIFICATE OF DEATH
FEB 8 1937

791

3640

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No.
City Hospital No. 2, 1003

File No.
Registered No. 675 St. Ward)

2. FULL NAME Walter Bailey

(a) Residence, No. 2612 Lawton Ave., St. 21 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill 262
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Ky. 2

MOTHER FATHER 13. NAME Isaac Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 2

15. MAIDEN NAME Frankie ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 2

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan 16 1937

19. UNDERTAKER J. W. Hughes
(ADDRESS) 2620 Lawton

20. FILED JAN 16 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-6- 1937, to 1-12- 1937

I last saw him alive on 1-12- 1937 Death is said to have occurred on the date stated above, at 8:50 A. M.
The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease 1-6-37

Other contributory causes of importance: 95 bn

Name of operation Date of
What test confirmed diagnosis? Clinical 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. L. Lewis, M. D.
(Address) 2945 Lawton Ave.

