NOV 23 1937

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

Do not use this space.

38798

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No.

Township ~~Clayton~~ — Primary Registration District No. 60339 — Registered No. 369

City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Wm. Bayliss Sr.

(a) Residence, No. 1527 Wellston Ave. Wellston, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: May Bayliss.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1879

7. AGE: 57 YEARS, 9 MONTHS, 12 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) England

FATHER

13. NAME Frank Bayliss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER

15. MAIDEN NAME Mary Markland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) friend Lloyd Barker 1524 Wellston. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem DATE October 9, 1937

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc. 5966 Easton Ave.

20. FILED 10/9 1937 Dr. A. J. Figuarelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-11-37, 19, to 10-5-37, 19

I last saw him alive on 10-5-37, 19 Death is said to have occurred on the date stated above, at 2:25 P.M.

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

	Date of onset
Generalized arteriosclerosis	(?)
Other contributory causes of importance:	
aneurism of left ventricle	(?)
pyo-thorax	9-30-37
NMO	

Name of operation Exploratory of left chest Date of 9/28/37

What test confirmed diagnosis? Was there an autopsy? yes

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) George M. Lovelace, M. D.

(Address) St. Louis County Hospital

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.