JAN 10 1938

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

43857
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003

Registered No. 12107

(c) City St. Louis (d) Street No. 2601 N Whittier St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Bailey

(a) Residence, No. unknown St. [X]

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 1, 1864

7. AGE: Years 73 | Months 11 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond Virginia

FATHER

13. NAME: Thomas Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Margaret ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Evelyn Hilliard 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 12-24 1937

19. FUNERAL DIRECTOR (ADDRESS): W Richter 3510 Rutger St

20. FILED DEC 30 1937 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1937 to Dec. 16, 1937

I last saw him alive on Dec. 16, 1937 Death is said to have occurred on the date stated above, at 2:50 p.m.

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

	Date of onset
Frozen feet	11/20/37

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Other contributory causes of importance:

Dry Gangrene; secondary infection

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 11-20, 1937

Where did injury occur? St Louis Mo.

(Specify city or town, county, and State)

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

Manner of injury .....

Nature of injury See above.

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

If so, specify .....

(Signed) J M Walker Jr, M. D.

(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)