

REC'D APR 11 1938

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

9091
Do not use this space.

1. PLACE OF DEATH

(a) County.....

Registration District No. **791**

(b) Township.....

Primary Registration District No. **1003**(c) City **St. Louis**(d) Street No. **City Hospital No. 1**Registered No. **2680**

(e) Length of residence in city or town where death occurred

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

c. 17787

Charles Bailey 400

2. PRINT FULL NAME

(a) Residence, No. **2540 Arlington**

(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
male4. COLOR OR RACE
white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF**Oletha Bailey**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 14, 1874**7. AGE
YEARS
63MONTHS
3DAYS
4If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.**Musician**9. Industry or business in which work
was done, as saw mill, bank, etc.**Retired**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)**Arkansas**

FATHER

13. NAME **William Bailey**14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Arkansas**

MOTHER

15. MAIDEN NAME **unk-Warren**16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Arkansas**17. INFORMANT
(ADDRESS)**Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Leasburg, Mo.** DATE **March 21, 1938**19. FUNERAL DIRECTOR
(ADDRESS)**Drehmann Herral
1905 Union Blvd**

20. FILED

MAR 21 1938**J. O. Bredeh**
City Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/18/38** 19

22. I HEREBY CERTIFY, That I attended deceased from

2/5/38**3/18/38**I last saw him **alive on 3/18/38** 19. Death is saidto have occurred on the date stated above, at **11.15 p**

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

*Lobar pneumonia
Gonococcus arthritis of right
ankle.*

Date of onset

Other contributory causes of importance:

*Fibrosis of myocardium
Auricular fibrillation
Generalized arteriosclerosis*

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) **M. Maxwell**, M. D.(Address) **City Hospital No. 1**

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

Warren A. Carver

Licensed Embalmer No. 3534

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