

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.

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.  
9434

1. PLACE OF DEATH **Homer G Phillips Hospital**

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

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

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

(e) Length of residence in city or town where death occurred **life** (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Lawrence Bailey** **UAA**

(a) Residence, No. **2802 Lucas** St. **21** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 19, 1937**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**3 7**

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

12. BIRTHPLACE (CITY OR TOWN) **Saint Louis** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Wright Bailey**

14. BIRTHPLACE (CITY OR TOWN) **Mississippi** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Evelin Pollard**

16. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

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

18. BURIAL, CREMATION, OR REMOVAL PLACE **Graveside** DATE **3-31**

19. FUNERAL DIRECTOR **Rebeck Funeral Home** (ADDRESS) **3028 Rebeck**

20. FILED **MAR 30 1938** **J. D. Budick** (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 26**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **March 21**, 19**38**, to **March 26**, 19**38**

I last saw him alive on **March 26**, 19**38**. Death is said to have occurred on the date stated above, at **8:15a** m.

The principal cause of death and related causes of importance were as follows:  
**Bronchopneumonia** (Primary) **W** **3/21/38**

Other contributory causes of importance:

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) **H. S. Phillips**, M. D.  
(Address) **Phillips Hosp**

STATEMENT BY LICENSED EMBALMER

I, Allding Sieferston, Licensed Embalmer No. 3885

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

A. Sieferston L. E.

No. 3885 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed: Allding Sieferston  
Licensed Embalmer No. 3885

**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.)**