

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

**44340**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Charles Registration District No. 75-6  
(b) Township Portage de Sioux Primary Registration District No. 5-987  
(c) City St. Charles (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 75 yrs. 9 mos. 1 ds. (f) How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**2. PRINT FULL NAME**

(a) Residence, No. 407 George Washington Bailey St. West Alton Mo.  
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Paltzer  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17<sup>th</sup> 1863  
7. AGE YEARS 75 MONTHS 9 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mail messenger  
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) 11/8/38 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Alton Mo.

FATHER 13. NAME George Todd Bailey  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Geenna Bitison  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. George Bailey  
West Alton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kingson Cemetery DATE Dec 20<sup>th</sup> 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Charles Mo.

20. FILED Dec 16, 1938 C. W. Barrard Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Dec 18, 1938  
I last saw him alive on Dec 13, 1938. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:  
Arterial regurgitation Date of onset 1-1-34  
Cardiac dilatation.

Other contributory causes of importance: not known

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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? no  
If so, specify \_\_\_\_\_  
(Signed) H. F. Miller, M. D.  
(Address) 840 N Broadway St. St. Louis Mo.

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.)**

**If this body is not embalmed, above space should be left blank.**