8 1939

REC'D APR 7 1939

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

12206
Do not use this space.

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.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township ~~Clayton~~ or Clayton
(c) City
Registration District No. 784
Primary Registration District No. 101
Registered No. 422
(d) Street No. St. Louis County Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Otto Bayles
(a) Residence, No. 6929 Manchester, Maplewood, Mo. St.
(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: FannieBayles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-18-1894

7. AGE: YEARS 44 | MONTHS 8 | DAYS 17 | 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. Stone polisher
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): St. Louis Mo. 0

FATHER
13. NAME: Lincoln Bayles 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill. 0

MOTHER
15. MAIDEN NAME: Hawthorne, Martha
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): sister, Daisy Kitchell 6929 Manchester, Maplewood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE M.E. Cem. Manchester Mo. 3-7- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Louis H Bopp Kirkwood, Mo.

20. FILED MAR 8 1939 T. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/26/38, 19, to 3/7/39, 19
I last saw him alive on 3/7/39, 19. Death is said to have occurred on the date stated above, at 6:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-4-39
Chronic Nephritis	(?)
Other contributory causes of importance: Uremia	3

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? no
If so, specify
(Signed) George M. Lorlair, M. D.
(Address) c/o St Louis Co. Hosp.

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H Bopp, Registered Apprentice No. 924 working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address

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

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