DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 218

Registration District No. 1003 FEB 17 1940

Primary Registration District No.

Registrar's No. 218

1. PLACE OF DEATH: 1003

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4831 Sacramento
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4831 Sacramento
(If rural, give location)

No Physician in Attendance

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George E. Bailey 400

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Timpe

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased January (Month) 1 (Day) 1883 (Year)

8. AGE: Years 57 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Photographer

11. Industry or business

FATHER
12. Name John A. Bailey
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Hanvefer
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josephine Bailey
(b) Address 4831 Sacramento

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10'40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Bromschwig Und. Co.
(b) Address 4746 W. Florissant

19. (a) JAN 9 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7th year 1940 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to Chronic Nephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Lucas (M. D. or other)

Address Deputy Coroner Date signed

(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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

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.