

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 375

1. PLACE OF DEATH: WWS
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
5206a Watermann.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5206a Waterman Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MINNIE BAILIE
8. (b) If veteran, name war _____ 8. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 13
year 1940 hour 9 minute 30 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hugh Bailie. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 16, 1863.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4, 1940, Jan 13, 1940
that I last saw her alive on Jan 12, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 4 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death Arterio Sclerosis
Due to Arterio Sclerosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Carlinville, Illinois.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife.

Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business at home
12. Name Henry Sonnemann.
13. Birthplace Carlinville, Illinois.
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Gieseking.
15. Birthplace ? Germany.
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Fred A. Sonnemann.
(b) Address 49 Crestwood Clayton, Mo.

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? _____

17. (a) Burial (b) Date thereof 1-15-1940.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Harry J. Askemeyer.
(b) Address 5195 Vernon Ave.
JAN 14 1940
19. (a) _____ (b) _____
(Date received local registrar) (Signature)

While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature Edwin J. ... (M. D. or other) _____
Address 2924 S. Grand Date signed 1/13/40

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 3454

David C. Gibson Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St. Louis, Mo.

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.