

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18945

State File No.

Registrar's No.

FILED JUN 18 1940
Registration District No. 334

Primary Registration District No. 4319

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

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME

Ruth Ruth Bailey

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Herbert

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

7. Birth date of deceased Oct 14 1910
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

28

7

18

hr. min.

9. Birthplace

Missouri

Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

0

11. Industry or business

MOTHER FATHER

12. Name

Herbert Burns

13. Birthplace

Missouri

Mo
(City, town, or county) (State or foreign country)

14. Maiden name

Myrtle Viola Ross

15. Birthplace

Knox

Mo
(City, town, or county) (State or foreign country)

16. (a) Informant

Dennis J. Bailey

(b) Address

St. Wil Mo

17. (a) Burial

(b) Date thereof

June 3-1940
(Month) (Day) (Year)

(c) Place: burial or cremation

Burial

18. (a) Signature of funeral director

H. J. Dillards

(b) Address

New Orleans Mo

19. (a) June 4-1940

(b)

Ed West

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Missouri
(c) City or town (If outside city or town limit write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1940 hour 12 minute 2 M.

21. I hereby certify that I attended the deceased from June 2nd 1940 to June 2nd 1940
that I last saw him alive on June 2nd 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Accident
Killed by Burlington
Train No 56
Due to in auto with
husband

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

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) Accident
(b) Date of occurrence June 2nd 1940
(c) Where did injury occur? New Orleans Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
841 Public
While at work? no (Specify type of place) (e) Means of injury Accident

23. Signature Robert Coroner (M. D. or other)
Address New Orleans Mo Date signed June 4 1940

RECEIVED

District Health Officer No. 10

District File Number 6-40-1297

Date Filed JUN 17 1940

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

H. J. Gilleland

Licensed Embalmer No.

4019

P. O. Address

New Cambria 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.