

No. 2
-1-4-41
5-17-
x

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

SEP 17 1941
Registration District No.

791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(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: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community Unavailable (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 7720 Railroad Ave. (If rural, give location) 81
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henrietta Bailey
(b) If veteran, name war ---
(c) Social Security No. ---

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 17th.
year 1941 hour 1:05 minute _____ a. M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ed Lee Bailey (c) Age of husband or wife in years 27
7. Birth date of deceased, November 9th. 1917
(Month) (Day) (Year)

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 Tragically fell from a Duvonian Pulmonary embolism when he was struck by an automobile driven by one Robt. Charles. He was killed in front of 1441 1/2 S. Broadway about 19.43 AM July 31 1941
Other conditions (If such present within 6 months of death)

8. AGE: Years Months Days If less than one day
23 9 8 _____ hr. _____ min.

9. Birthplace Noxubee Co. | Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Harper
13. Birthplace Noxubee Co. | Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta Thomas
15. Birthplace Noxubee Co. | Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Lee Bailey
(b) Address 7720 Railroad Ave.

17. (a) Removal (b) Date thereof 8-23-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. George's Cem. E. St.

18. (a) Signature of funeral director Chas J. Bates
(b) Address 4107 Finney Ave.

19. (a) AUG 20 1941 (b) J. H. Mederick
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____
Autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence July 31 1941
(c) Where did injury occur? Public Place
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury Car
23. Signature Alfred Perry (M. D. or other) 3
Address 1300 1/2 E. 11th St. St. Louis, Mo. Date signed 8-20-41

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

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.....

..... James A. Johnson, Registered Apprentice No.
working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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, fact should be so stated above.