

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:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, **17 hrs. 1 min.**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Mo. **14**
(a) State..... (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2612 Lawton Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If (yes, name country.....)

3. (a) PRINT FULL NAME **STANLEY DARNELL BAILEY**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **C** 6. (a) Single, widowed, married, divorced **0**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **10-6-41**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 hr. 1 min.

9. Birthplace **ST LOUIS** **Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name **Virgil Bailey**
13. Birthplace **MISS. 0**
(City, town, or county) (State or foreign country)
14. Maiden name **MARION EDITH MCKINNEY**
15. Birthplace **ST LOUIS** **Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bessie Mc Kinney**
(b) Address **3941a Finney**

17. (a) **BURIAL** (b) Date thereof **10-8-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**
18. (a) Signature of funeral director **Bernie Dore**
(b) Address **3703 Washington**

19. (a) **OCT 8 1941** (b) **J. F. Bralock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

10. DATE OF DEATH: Month **10** day **7**
year **1941** hour **4** minute **55 A.** M.

21. I hereby certify that I attended the deceased from **10-6-41** to **10-7-41**
im that I last saw him alive on **10-7-41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **10-7-41**

Major findings: Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **Don S. Moore** (M.D. or other) **10-8-41**
Address **2601 N. Whittier St.** Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

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, fact should be so stated above.