

FILED NOV 27 1941

STANDARD CERTIFICATE OF DEATH

State File No.

8479

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH: St. Louis, Mo.
 (a) County.....
 (b) City or town.....
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Sanitarium 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 18dys.
 In this community 28 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Missouri
 (a) State..... (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4253 Vista Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes name country.....

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 25
 year 1941 hour 8:15 minute A. M.

4. Sex Male
 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 (b) Name of husband or wife Late Georgia Bailey
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Dec. 24, 1904
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-8-41, 19 to 10-25-41, 19 that I last saw him alive on 10-25-41, 19 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

8. AGE:	Years	Months	Days	If less than one day
	36	10	1 hr. min.

Carcinoma of Esophagus
 Due to 1941x
 Due to.....
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations.....
 Of autopsy Yes.

9. Birthplace St. Clair Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Moving helper

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 H6

11. Industry or business.....
 12. Name Unknown
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant L. Reggendorf
 (b) Address City of Sanitarium

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 10-28-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Clair, Mo.

23. Signature Paul T. Hartman (M. D. coroner)
 Address 9300 Arsenal Date signed 10-25-41

18. (a) Signature of funeral director J. H. H. Mortuary
 (b) Address 4228 So. Highways
 19. (a) OCT 27 1941 (b) J. T. [Signature]
 (Date received local registrar) (Registrar's signature)

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

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17
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FEB 26 1922

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.....
.....
working under my personal supervision.

Registered Apprentice No.

Signed *Beuchelt K. Lehman*

Licensed Embalmer No. *3395*

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.