

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
Alexian Bros. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 56 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4379 Beck 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mr. William G. Bay, Sr.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wilhelmina Doering Bay 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased December 7, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 1 17 hr. min.

9. Birthplace Wurtttemberg, Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Blacksmith

11. Industry or business _____

MOTHER EATHER { 12. Name Gottlieb Bay
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Klenk
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wilhelmina Bay
(b) Address 4379 Beck Avenue

17. (a) Burial (b) Date thereof Jan. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) JAN 26 1942 (b) H. F. Beck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th
year 1942 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from 1/21/42
to 1/24/42, 19____, to 1/24/42, 19____;
that I last saw him alive on 1/24/42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & decompensation
Due to _____
Due to _____

Other conditions Anemia & fatty liver 3 weeks
(Include pregnancy within 3 months of death)
Major findings myocarditis
Of operations none
Of autopsy no

Duration

3 yrs

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) _____
(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 O. C. Pfeiffer M.D. (M. D. or other)
Address 45235 Highway Date signed 1/24/42

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

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17
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Dr. O C Pfeiffer
4523^e S. Kings

11-1

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. *3737*

P. O. Address..... *1936 St. Louis 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.