S. No. 2
M—1-4-41
5-17-39
P I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3424

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 220

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town ~~Pine Lawn~~ Ireland (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Copley Nursing Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Month 5 days (Specify whether In this community One Month 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~St Louis~~ Missouri (b) County 000 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 107½ No. Sixth St. Louis (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Bailey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

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

7. Birth date of deceased 1 (Month) 26 (Day) 1854 (Year)

8. AGE: Years 87 Months 11 Days ~~27~~ If less than one day hr. min.

9. Birthplace New York State 1 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Roark - Soc. Worker

(b) Address St. Louis Soc. Sec. Comm.

17. (a) ~~(Burial, cremation, or removal)~~ (b) Date thereof 1-13-42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W Ruth

(b) Address 2500 Ruth

19. (a) JAN 30 1942 (Date received local registrar) (b) E. S. McGarvan M.J. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8th year 1942 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from December 2nd 1941 to Jan 8th 1942 that I last saw him alive on Jan 6th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the liver	1 yr
Due to	
Due to	
Other conditions: Chronic myocarditis (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Arnold H. Wurzer (M. D. or other) MD

Address 8900 St. Charles Rd Date signed 1/8/42

(Licensed Embalmer's Statement on Reverse Side)

APR 28 194

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.