

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 000
(c) City or town St. Louis 17 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3935 Russell Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 10
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1942 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from January 1935 to March 26 1942
that I last saw her alive on March 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia Chronic Myocarditis
Due to Senility
Generalized Arteriosclerosis
Due to _____
Other conditions Senility Cerebral Arteriosclerosis 3 years
(Include pregnancy within 3 months of death)

Duration

2 days
5 years

over 7 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations No operation
Of autopsy Not done

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? _____ (a) Means of injury _____
23. Signature David M. Skelling (M. D. or other) M.D.
Address 4500 Olive Street Date signed 3-27-42

3. (a) PRINT FULL NAME Mary A. Bayliss

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife W. M. Bayliss 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 18 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>7</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Nottingham

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

14. Maiden name Unknown

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

16. (a) Informant Maurine Bayliss

(b) Address 3935 Russell Blvd.

17. (a) Removal-Rail (b) Date thereof March 28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Missouri

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 So. Grand Blvd.

19. (a) APR 27 1942 (b) J. F. Bledock
(Date received local registrar) (Registrar's signature)

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

20
27
9

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..... 412 Duchouquette St.,

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.