S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25649

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6915

1. PLACE OF DEATH:

(a) County

(b) City or town 3525 a.Lawton,Ave, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community (35) Years, years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 12 6 21

(c) City or town StLouis, (If outside city or town limits, write "RURAL")

(d) Street No. 3525 a,Lawton,Ave, (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lurlean Bailous.

3. (b) If veteran, name war none, 3. (c) Social Security No. none,

4. Sex Female, 3 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased May (Month) 5th, (Day) 1907 (Year)

8. AGE: Years 35 Months 3 Days 10 If less than one day hr. min.

9. Birthplace StLouis, Missouri. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Domestic,

11. Industry or business

FATHER
12. Name Alfred Bailous,
13. Birthplace Polk County, Georgia. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ora Brandon,
15. Birthplace Polk County, Georgia. / (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address 3525a.Lawton, Ave,StLouis,Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof Aug 18, 42. (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director R.A. Houston Jr.

(b) Address 2812 Thomas, St,StLouis,Mo.

19. (a) AUG 17 1942 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th year 1942. hour 2:30. minute P. M.

21. I hereby certify that I attended the deceased from 8-1 1942, to 8-15 1942 that I last saw her alive on 8-15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cardio Vascular

Due to Renal Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 131
Of autopsy 131

Duration

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

23. Signature [signature] (M. D. or other) 0

Address 822 W Jefferson Date signed 8/15/42

(Licensed Embalmer's Statement on Reverse Side)

Annie Bailey

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 Myself, Registered Apprentice No. , working under my personal supervision.

Signed M. C. Houston Jr.

Licensed Embalmer No. 2266

P. O. Address 2812 Thomas Street,

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.