S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1942

Registration District No. 704

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28118

Primary Registration District No. 117

Registrar's No. 1812

96 7 4

1. PLACE OF DEATH:

(a) County: ST LOUIS

(b) City or town: WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: OZARK THEATRE 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: —

In this community (Specify whether years, months or days): 22 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: ST LOUIS

(c) City or town: WEBSTER GROVES
(If outside city or town limits, write "RURAL")

(d) Street No.: 119 WEST CEDAR AVE.
(If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: ALBERT HYDE BAILEY

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NONE

4. Sex: MALE 5. Color or race: WHITE 6. (a) Single, married, widowed, divorced: MARRIED

6. (b) Name of husband or wife: MYRTLE L BAILEY

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: JANUARY (Month) 14 (Day) 1882 (Year)

8. AGE: Years 60 Months 7 Days 13 If less than one day — hr. — min.

9. Birthplace: HOUSTON (City, town, or county) TEXAS (State or foreign country)

10. Usual occupation: INSURANCE

11. Industry or business: FIRE AND AUTOMOBILE

FATHER
12. Name: ALEXANDER BAILEY
13. Birthplace: NEW YORK (City, town, or county) N Y (State or foreign country)

MOTHER
14. Maiden name: ELIZABETH SEAWELL
15. Birthplace: UNKNOWN (City, town, or county) ENGLAND (State or foreign country)

16. (a) Informant: Mrs Myrtle L Bailey

(b) Address: 119 CEDAR AVE W. G.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: AUG-31-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: OAK HILL CEMETERY

18. (a) Signature of funeral director: Parker Bond Co

(b) Address: WEBSTER GROVES MO.

19. (a) AUG 29 1942 (Date received local registrar) (b) C H McNamara (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 1942 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Natural causes.

Due to: Ruptured right ventricle of heart.

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy: Yes.

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: Louis H Bopp (M.D. or other)

Address: Kirkwood, Mo. Date signed: 8/29/42

707 (Licensed Embalmer's Statement on Reverse Side)

McB

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 L. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves Mo.

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.