

FILED APR 3 1943 18  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

State File No. \_\_\_\_\_

Registrar's No. 2934

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: BARNES 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 Illinois (b) County \_\_\_\_\_  
(c) City or town Macomb  
(If outside city or town limits, write "RURAL")  
(d) Street No. Compton Park  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Albert Eads Bailey

3. (b) If veteran, name war World War #1 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or Race white 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Mary Campbell 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Aug. 13, 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 7 14 hr. min.

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

10. Usual occupation Banker

11. Industry or business \_\_\_\_\_

12. Name James W. Bailey

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

14. Maiden name Eleanor Eads

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

16. (a) Informant J. W. Bailey

(b) Address Macomb, Ill.

17. (a) removal (b) Date thereof 3/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macomb, Ill.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) MAR 28 1943 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1943 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from February 17, 1943, to March 27, 1943;  
that I last saw him alive on March 27, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Generalized arteriosclerosis  
Arteriosclerotic heart disease

Other conditions Hypertensive Cardiovascular Disease  
(Include pregnancy within 5 months of death)

Major findings: Of operations None performed

Of autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature F. R. Bradley (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

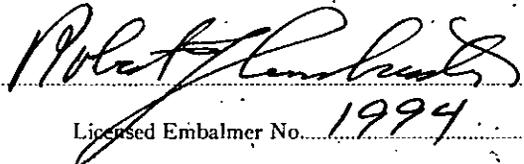
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**STATEMENT BY LICENSED EMBALMER**

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. 1994

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.**