

FILED APR 3 1943 318

State File No.

Registrar's No. 2835

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Personnel dead at City Hospital
(If not in hospital or institution, write street number & location)

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

In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri..... (b) County..... 17

(c) City or town..... St. Louis..... 926
(If outside city or town limits, write "RURAL")

(d) Street No. 1303 Chambers Ave
(If rural, give location)

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

If yes, name country..... 0

3. (a) PRINT FULL NAME MYRTLE BAILEY

3. (b) If veteran, name war..... No.....

3. (c) Social Security No. NO.....

4. Sex F.....

5. Color or race W.....

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Feb. 10th 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40 1 13 hr. min.

9. Birthplace Mineral Point, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business Schaeffer Restaurant

MOTHER FATHER { 12. Name James Marshall

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

{ 14. Maiden name Anna Marler

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

16. (a) Informant Henry Bailey

(b) Address Hdq. Co. Reception Center 1772

17. (a) Removed (b) Date thereof Mar. 25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ship to Mineral Point, Mo.

18. (a) Signature of funeral director McLaughlin

(b) Address 2301 Lafayette Ave. St. Louis, Mo.

19. (a) MAR 24 1943 (b) J. F. Bredek
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March day 23rd
year 1943 hour 3:45 minute A. 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..... Duration

Chronic Alcoholism

Due to.....

Due to.....

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

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?

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

23. Signature Alfred J. Perry (M. D. or other).....

Address Deputy Coroner Date signed 3/24/43

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

84K

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.

¹Signed

L.R. Cooper

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

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.