

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 29 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36096

State File No. \_\_\_\_\_  
Registrar's No. 10018 ✓

Registration District No. 318 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
St. Marys Inf.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME MURDICE BAILEY

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife L. C. Bailey 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased Nov 5 1917  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
26 0 9 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business at Home

12. Name Aron Lambert  
13. Birthplace Lexington Miss.  
(City, town, or county) (State or foreign country)  
14. Maiden name Hatten Wigley  
15. Birthplace Lexington Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. H. Fields  
(b) Address Brooklyn Ill  
17. (a) Removal (b) Date thereof Nov 16 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation East St. Louis Ill

18. (a) Signature of funeral director J. F. Prudeck  
(b) Address 1618 N. 16th St. St. Louis Ill  
19. (a) 16 1943 (b) J. F. Prudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St. Clair  
(c) City or town Brooklyn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 203 Short St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14  
year 1943 hour 1 minute 15 A.M.  
21. I hereby certify that I attended the deceased from NW 1  
1942 to Nov 14 1943  
that I last saw her alive on Nov 14 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism

Due to Appendicitis & Suspension of Uterus

Due to 12/1/43

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: acute appendicitis  
Of operations plateau of uterus  
Of autopsy uterus

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 Cde mt. Workson  
23. Signature J. F. Prudeck (M. D. or other) MD  
Address 9 DONZMEST Date signed 11/15

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

0179

999  
11  
0

NR

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 me

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

Signed Ben H Baldwin

Licensed Embalmer No. 2420

P. O. Address C. St. Louis 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.