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7-39  
K35897

FILED APR 13 1944 318

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

3158

1. PLACE OF DEATH:

(a) County St Louis mo  
(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: Homer Philipps Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME

Jennett Bailey

3. (b) If veteran name war

3. (c) Social Security No.

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

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

7. Birth date of deceased 10 19 1940  
(Month) (Day) (Year)

8. AGE: Years 3 Months 5 Days 12  
If less than one day hr. min.

9. Birthplace St Louis mo  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Lovelace Bulley  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Cora Wright  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lovelace Bulley

(b) Address 1417 Francis

17. (a) Burial (b) Date thereof 4-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park Cemetery

18. (a) Signature of funeral director Albin Bros. Inc.

(b) Address 3644 Finney Ave.

19. (a) APP (b) J. P. Madock  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000  
(c) City or town St Louis 921  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1417 Francis St  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1944 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death second degree burn of face, belly, arms - when an automobile which had become overheated due to engine, it caught after march 31 1944 about 12:45 pm  
Due to Damage \$100.00 Contants \$0.00

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 181

Of autopsy 15

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) Accident

(b) Date of occurrence Mar - 30 - 1944

(c) Where did injury occur? St Louis 000  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
(Specify type of place)

While at work (Specify means of injury)

23. Signature Albin Bros. Inc. (M. D. or other)

Address 3644 Finney Ave. Date signed 4/13/44

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

**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.....

*Louis H. Fairley*

Licensed Embalmer No.....

*2842*

P. O. Address.....

*3644 Fairley*

**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.**