

S. No. 2  
 FORM-5443  
 Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED MAR 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 11976  
 Registrar's No. 627

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis,  
 (b) City or town Valley Park,  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
400 Benton St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none. (Specify whether  
 In this community 41 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,  
 (c) City or town Valley Park,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 400 Benton St.  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Bailey,  
 3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 2 widower  
 6. (b) Name of husband or wife May Bailey, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 5, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 9 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace unknown England,  
(City, town, or county) (State & foreign country)

10. Usual occupation Grocer,

11. Industry or business Own store,

12. Name John Bailey,

13. Birthplace unknown England,  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Smith,

15. Birthplace unknown England,  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Bailey,

(b) Address Los Angeles, Calif.

17. (a) Burial (b) Date thereof Mar. 13, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) MAR 14 1944 (b) E. G. Mc Gowan, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 10,  
 year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 1st  
1944 to March 10 1944  
 that I last saw him alive on March 10 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral hemorrhage  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions High blood pressure 5 years  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 83rd  
 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. P. Rusk M.D. (M. D. or other)  
 Address Valley Park Mo Date signed 3-11-44

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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 Harry F. Schrader

Licensed Embalmer No. 2091

P. O. Address Ballwin 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.**