

FILED AUG 8 1944 8

Primary Registration District No. 11003

Registrar's No. 6668

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 29 days
In this community 33 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4315 Aldine (If rural, give location) 11
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Inez Bailey
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 22,
year 1944 hour 11 minute 01 P. M.
21. I hereby certify that I attended the deceased from Apr 11
23, 19 44 July 22, 19 44;
that I last saw er alive on July 22, 19 44;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race 3 Colored 6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 11, 1877
(Month) (Day) (Year)

Immediate cause of death Hypertensive Cardio-vascular disease Duration Unk.

8. AGE: Years 67 Months 3 Days 11 If less than one day hr. min.

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations.....
Of autopsy.....

9. Birthplace La. /
(City, town, or county) (State or foreign country)
10. Usual occupation Nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....
12. Name Marion Phelix
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Allen
15. Birthplace Ala. /
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....

17. (a) Anastomosis (b) Date thereof 2-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington /

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury 0

18. (a) Signature of funeral director W. R. ...
(b) Address 3502 Rutledge
19. (a) JUL 30 1944 (b) J. F. Beasdale
(Date received local registrar) (Registrar's signature)

23. Signature Alva ... (M. D. or other)
Address 2601 Whittier Date signed 7/25/44

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

MOTHER FATHER

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.....

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.