

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **L1003**

Registrar's No. **8566**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1533 Flad Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Sanderson Bayless

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-18-8138

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vera Lutos Bayless 6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased July 8th, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 2 28 hr. _____ min.

9. Birthplace Baltimore Md
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Koch Hospital

MOTHER FATHER { 12. Name Frank S. Bayless
13. Birthplace Baltimore Md
(City, town, or county) (State or foreign country)
14. Maiden name Harriatt Lightbecker
15. Birthplace WBSt Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Vera Bayless
(b) Address 1533 Flad Ave

17. (a) Cremation (b) Date thereof 10/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) OCT 9 1944 (b) J. F. Bradley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1944 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Sept. 27, 1944, to OCT. 6, 1944;

that I last saw him alive on 8-10-44 and that death occurred on the date and hour stated above.

Immediate cause of death intestinal obstruction Duration _____

Due to Carcinoma of sigmoid colon

Due to _____

Other conditions chronic + acute bacterial dysentery
(Include pregnancy within 3 months of death)

Major findings: H/O
Of operations _____

Of autopsy as above

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 F. R. Bradley (M. D. or other) _____
Address Barnes Hqs. Date signed 10/7/44

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 Edward E. Bookherst

Licensed Embalmer No. 2502

P. O. Address Clayton, 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.