

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38716

State File No.

FILED AUG 21 1944

318

Primary Registration District No.

1003

Registrar's No.

7069

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community St. Louis
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 622 Park Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alex Frank Bailey

3. (b) If veteran, name war No 3. (c) Social Security No. 491-14-9060

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bailey 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July 9th 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Henderson Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor - Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Cornelius Bailey
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Posey
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie M. Cormick

(b) Address East St. Louis, Illinois

17. (a) Removal (b) Date thereof 8 15-1944
(Month) (Day) (Year)

(c) Place of burial or cremation East St. Louis, Valhalla Cemetery

18. (c) Signature of funeral director J. F. Breesech

(b) Address 1101 N. 9th, E. St. Louis

19. (a) AUG 14 1944 (Date received local registrar)
J. F. Breesech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1944 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from 8-7 to 8-12 1944
that I last saw him alive on 8-12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Originator - Myocardial
Due to _____
Due to _____

Duration

24 hrs
1 yr

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) _____ Means of injury _____

23. Signature S. A. [unclear] (M. D. or other) MD
Address 439 Bate Date signed 8/14/44

8461

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 6 1944

Handwritten notes:
121
121

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.....

Not Embalmed

Registered Apprentice No.

working under my personal supervision.

Signed.....

Handwritten signature of Joseph J. Fawcett

Licensed Embalmer No.

P. O. Address.....

East St. Louis

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.