No. 2
2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3951

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 1614

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:
City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Years (Specify whether
In this community 36 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2011 A South 11th, St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Edward L Bailey

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mabel

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May (Month) 19 (Day) 1884 (Year)

8. AGE: Years 60 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Parish Alabama (City, town, or county) Alabama 1 (State or foreign country)

10. Usual occupation Conductor

11. Industry or business Mo. Pacific

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mabel Bailey

(b) Address 2011 A South 11th, St.

17. (a) Ship 1 (Burial, cremation, or removal) (b) Date thereof 2 (Month) /20 (Day) /45 (Year)

(c) Place: burial or cremation Piedmont Mo.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) FEB 1 (Date received local registrar) (b) 1945 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month February day 17th
year 1945 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from 2/15/45, 1945, to 2/17/45, 1945;
that I last saw him alive on 2/17/45, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis

Due to

Other conditions 83
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature E W Czebinski 0 (M. D. ~~or other~~)

Address 1515 Lafayette Date signed 3/17/45

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.