

V. S. No. 2
100M-5-43
Rev. 5-17-39
X38671

FILED NOV 29 1945
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 30 years
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. 2608 Bernard
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ophelia Bailey
3. (b) If veteran, name war none
3. (c) Social Security No. 490-26-1318

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month Nov. day 12
year 1945 hour 5 minute 15 A. M.

4. Sex F 5. Color or race Col
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-7 1945 to 11-12 1945
that I last saw h. er alive on 11-12-45 19_____
and that death occurred on the date and hour stated above.

8. AGE: Years About 53 Months - Days -
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebro Vascular Accident; Right Hemiplegia
Due to _____
Due to _____
Other conditions Myomata of Uterus - non-malignant
(Include pregnancy within 3 months of death)

9. Birthplace Allensville Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation maid
11. Industry or business _____

Major findings:
Of operations _____
Of autopsy No
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER: FATHER:
12. Name Frank Bailey
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Lula Johnson
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Blair
(b) Address 2608 Bernard St
17. (a) Burial (b) Date thereof Nov 15-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

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? _____

18. (a) Signature of funeral director J. W. Hughes
(b) Address 2620 Lawton
19. (a) NOV 15 1945 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (b) Means of injury _____
23. Signature Chas. T. Uttersen (M. D. or other) _____
Address 2601 1/2 Whittier Date signed 11/13/45

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..... *Clayton Young*
Licensed Embalmer No: *33717*
P. O. Address: *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.