

No. 2
A-5-43
5-17-39
I X36671

State File No. _____

FILED FEB 21 1946
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 787

1. PLACE OF DEATH:

(a) County MO
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1738 Biddle St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Rosie Bailey

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race negro 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. 12 25 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 0 23 hr. min.

9. Birthplace Tuscaloosa, Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jim Franklin

13. Birthplace Tuscaloosa, Ala
(City, town, or county) (State or foreign country)

14. Maiden name Luira Franklin

15. Birthplace Tuscaloosa, Ala
(City, town, or county) (State or foreign country)

16. (a) Informant Nathaniel Bailey

(b) Address 1738 Biddle St. 1

17. (a) Burial (b) Date thereof 1-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mem. park cem.

18. (a) Signature of funeral director Robinson & Saines

(b) Address 1324 Blay, Ave

19. (a) JAN 22 1946 (Date received) J. F. Bredok (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1738 Biddle St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th
year 1946 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 20
1945 to Jan. 17, 1946
that I last saw her alive on January 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration 4-Mos.

Due to Nephritis (chronic) Duration 6-Mos
Ch. Neph.

Due to Rheumatism

Other conditions (Include pregnancy within 3 months of death) 1/21/46

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) (e) Means of injury _____

23. Signature J. F. Bredok (M. D. or other) _____
Address 2330 Franklin Date signed 1/19/46

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

2256

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

J. A. Green

Licensed Embalmer No

2963

P. O. Address

215 Franklin

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.