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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7211

FILED MAR 1 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1647

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: 2918 Lucas ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 2918 Lucas
(If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME Magnolia Baidy or Magnolia Bailey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race Col.

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

6. (b) Name of husband or wife Louis Bailey or Baidy

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years abt 38 | Months — | Days — | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Lou Bailey
(b) Address 2918 Lucas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Und.
(b) Address 2726 Lucas ave.

19. (a) FEB 18 1946 (Date received local registrar) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1946 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis Mesenteric Thrombosis

Due to Gangrene Small Bowels Ventral Hernia

Due to

Other conditions (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 Patrick E. Taylor Jr. Cor (M.D. or other)

Address 1300 Clark Date signed 2-18-46

(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 Lawrence E. Anderson

Licensed Embalmer No. 4341

P. O. Address St Louis 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.