

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2062**

**FILED**  
**MAR 18 1946**  
**318**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4164 Juniata, /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
**Life,** (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **000**  
(c) City or town **St. Louis,** **16/7**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4164 Juniata,** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No) **0**  
If yes, name country.....

3. (a) PRINT FULL NAME **Thomas W. Bailey,**

3. (b) If veteran, name war **- 0** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Bingle**

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

7. Birth date of deceased **January 13, 1946,**  
(Month) (Day) (Year)

8. AGE: Years **0** Months **1** Days **18** If less than one day hr. min.

9. Birthplace **Mexico Missouri,**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business.....

12. Name **Norvall W. Bailey,**

13. Birthplace **Danby Missouri,**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lee Bailey,**

15. Birthplace **Wainright Mo.,**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lee Bailey,**

(b) Address **4164 Juniata,**

17. (a) **burial** (b) Date thereof **mar 2, 19**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **Oscar J Hoffmeister**

(b) Address **4016 Chippewa,**

19. (a) **MAR 2 1946** **J. F. Predeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **1**  
year **1946** hour **12** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **Feb 24**, 1946, to **Feb 28**, 1946  
that I last saw him alive on **Feb 28** and that death occurred on the date and hour stated above.

Immediate cause of death **Myeloblasts**  
**Friction Malabsorption.**

Due to **Premature Birth.**

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **no**

22. If death was due to external causes, fill in the following: **no**

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence **no**

(c) Where did injury occur? **None**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**no**

While at work? **no** (Specify type of place) (e) Means of injury **no**

23. Signature **J. A. O'Brien** (M. D. or other)  
Address **no 5-1559 So. Grand** Date signed.....

Duration:

**Ames**  
**birth**  
**at Day**

PHYSICIAN

Underline the cause to which death should be charged statistically.

**157**

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

MOTHER FATHER

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**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.

**NOT EMBALMED**

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**