

FILED SEP 16 1946
Registration District No. 762

Primary Registration District No. 5595

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rock Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
- Saine Saline Rd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 50 yrs.
years, months or days)

3. (a) PRINT FULL NAME Ralph C. Bailey

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 13 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 15 If less than one day
hr. _____ min.

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

10. Usual occupation Retired Roofing Contractor

11. Industry or business

12. Name Charles Bailey

13. Birthplace not known

14. Maiden name Mary Jane Cooley (State or foreign country)

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Stella Bailey

(b) Address Fenton, Mo.

17. (a) Burial (b) Date thereof 9-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) Sept 4: 46 (b) Phil G Kirk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 50
(c) City or town Fenton near
(If outside city or town limits, write "RURAL")
(d) Street No. Saline Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd
year 1946 hour 11:30 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Heart disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations (32)

Of autopsy _____

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? 2

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature T. B. Edwards (M. D. or other)

Address Corcoran Date signed 9/3/46

145 (Licensed Embalmer's Statement on Reverse Side)

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

OCT 25 1946

RECEIVED
District Health Officer No. 9,
District File Number 9-46-61
Date Filed 9-7-46

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 W B Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 14th

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.