No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39427

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10833

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 Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4130 Clayton Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Arthur Bay

3. (b) If veteran, name war No

3. (c) Social Security No. 489-14-3512

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Adelia Bay

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April (Month) 16 (Day) 1885 (Year)

8. AGE: Years 62 | Months 7 | Days 8 | If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Joseph Bay

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

14. Maiden name Cathie Blake

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

16. (a) Informant Maurice Bay

(b) Address 4130 Clayton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-47 (Month) (Day) (Year)

(c) Place: burial or cremation Boss, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 25 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 year 1947 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from Aug 7, 1944, 19..., to Nov. 24, 1947, that I last saw him alive on Nov. 24, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion with infarction	3 weeks
Due to: Arteriosclerosis general	3 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN

Underline the cause of 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 Norton John Eversull (M. D. or other) M.D.

Address 6356 Clayton Road Date signed 11-25-47

Jefferson City Printing Co.

(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 Ernest W. Spillers

Licensed Embalmer No. 14080

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.