

FILED MAR 25 1948

318

Primary Registration District No. 1003

Registrar's No. 2665

00
17
9

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

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:
St. Louis City Hospital-Max C Starkloff
(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 Missouri (b) County..... 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 952 a Catalpa Street
Memorial 5 (If rural, give location) 9

(e) Citizen of foreign country?..... no (Yes or No) 1

If yes, name country.....

3. (a) PRINT FULL NAME MOSES MOLEONL. BAILEY

3. (b) If veteran, name war..... None

3. (c) Social Security No. 488-09-6101

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife..... Pearlie A. Bailey

6. (c) Age of husband or wife if alive..... 66 years

7. Birth date of deceased..... July 15, 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year..... 1948 hour..... 2 minute..... 05 A.M.

21. I hereby certify that I attended the deceased from..... 1/26/48
19..... to..... March 16th 19 48
that I last saw h..... im alive on..... March 16th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma of pancreas

Duration 1+ yr

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>8</u>	<u>1</u> hr. min.

Due to.....

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.

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

10. Usual occupation..... Shoe Worker

11. Industry or business..... Retired 5 years

12. Name..... Benjamin Franklin Bailey

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

14. Maiden name..... Mary Mollie Renfro

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

16. (a) Informant..... Mrs. Pearlie A. Bailey
(b) Address..... 952 a Catalpa Street

17. (a) Burial (b) Date there..... March 19, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Hiram Cemetery

18. (a) Signature of funeral director..... Shepard Funeral Home
(b) Address..... 1167 Hamilton Avenue

19. (a) MAR 17 1948 (b) J. F. Redneck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

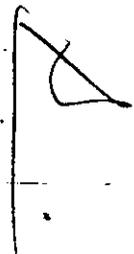
(c) Where did injury occur?.....
(City or town) (County) (State)

(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..... 2

23. Signature..... Carlyle A. Luer
1515 Lafayette (Date signed) 3/18/48

Address..... Date signed.....



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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.