

S. No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED APR 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9962
2886
Registrar's No.

Registration District No. 318
Primary Registration District No. 1003

079
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town (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")
(d) Street No. 5074A RIDGE AVE 9
Memorial (If rural, give location)
(e) City of foreign country? (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME LORETTA BAYLESS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEM 5. Color or race Wh
6. (a) Single, widowed, married, divorced WID
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB 27 1905
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 22nd
year 1948 hour 9 minute 00 P M.
21. I hereby certify that I attended the deceased from 3/7/48
19 to March 22nd 19 48
that I last saw her alive on March 22nd 19 48
and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 1 Days 20 If less than one day hr. min.
9. Birthplace Mo O (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business

Immediate cause of death massive pulmonary embolism
Due to
Due to 1/26
Other conditions Obesity & Chronic Cholecystitis & lithiasis
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name HARRY WHITE
13. Birthplace Mo O (City, town, or county) (State or foreign country)
14. Maiden name SOPHIE FALKER
15. Birthplace Mo O (City, town, or county) (State or foreign country)
16. (a) Informant HARRY BAYLESS
(b) Address 5546 MAPLE AVE
17. (a) BURIAL (b) Date thereof 3-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NATH. CEM. JEFF. MO
18. (a) Signature of funeral director J. J. Schmitt
(b) Address 3125 Lafayette
19. (a) MAR 24 1948 (b) J. H. Bredek (Registrar's signature)
(Date received local registrar)

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?
While at work (Specify type of place) (e) Means of injury
3. Signature W. Walton, M.D. 1515 Lafayette 3/23/48
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 Ronald Yankke
Licensed Embalmer No. 3217
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.