FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24078

FILED AUG 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6670

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: Deaconess
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Shrewsbury 15
(If outside city or town limits, write "RURAL")

(d) Street No. 7414 Nottingham 0
(If rural, give location)

N R,

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

If yes, name country

3. (a) PRINT FULL NAME Olive Augusta Bailey

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Claude G Bailey

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August (Month) 12 (Day) 1886 (Year)

8. AGE: Years 61 ~~62~~ Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Fiedler
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Laura Fielder
15. Birthplace Booneville, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Claude G Bailey
(b) Address 7414 Nottingham, Shrewsbury, Mo.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-30-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery Kansas City, Mo.,

18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORTUARY
(b) Address 6464 Chippewa Street

19. (a) JUL 29 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10/17/46
19 to 7/29/1948
that I last saw her alive on 7/28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Disease of Coronary Vessels	1946 T
Chronic Myocarditis	1946 T
Due to Arterio Sclerosis	1946 T
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93

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 Herbert Smith (M. D. or other)

Address 5203 Chippewa N Date signed 7

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 Linus C. Hoffmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.