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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27485

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7522

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 60 0
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1603 a S Third St (If rural, give location) 9 0
(e) Citizen of foreign country? (17) (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosie Lee Bailey
3. (b) If veteran, name war No
3. (c) Social Security No. 492-16-7095
4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harlow J Bailey
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Feb (Month) 2 (Day) 1918 (Year)
8. AGE: Years 30 Months 6 Days 21 If less than one day hr. min.
9. Birthplace Miss (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Clemean Harris
13. Birthplace Miss (City, town, or county) (State or foreign country)
14. Maiden name Victoria Fisher
15. Birthplace Miss (City, town, or county) (State or foreign country)
16. (a) Informant Lillie Mae Terry
(b) Address 4007a St Ferdinand St
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo
18. (a) Signature of funeral director A H Threet
(b) Address 3517 Laclede Ave
19. (a) AUG 27 1948 (Date received by local registrar) (b) J. T. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1948 hour 4 minute 40 P.M.
21. I hereby certify that I attended the deceased from July 30, 1948, to August 23, 1948 that I last saw her alive on August 23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach with Metastasis	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Oscar L Daniels (M. D. or other)
Address 2601 N Vandeventer Date signed 8/24/48

(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.....

Lucile Howard, Registered Apprentice No. 514,

working under my personal supervision.

Signed W. W. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Ave

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.