

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6576 Registrar's No. 342

1. PLACE OF DEATH a. COUNTY <b>St Louis County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Waverly</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Carsanville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Greencastle</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>100</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Penn Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary Theresa</b>	b. (Middle) <b>Bailey</b>	c. (Last) <b>Bailey</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2/10/49</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>July 26-1880</b>	9. AGE (In years last birthday) <b>68</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Pike County Mo</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>James Clark</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Anderson</b>	14. NAME OF HUSBAND OR WIFE <b>Edmund Bailey</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Dorothea Zebrowitz Greenvi</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhagic</b>		<b>2 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <b>Hypertensive &amp; arterio-sclerotic</b> <b>Heart &amp; vascular renal dis</b> DUE TO (c) <b>diabetes mellitus</b>		<b>3 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none 260X</b>			<b>2</b>

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 7, 1949** to **Feb 10, 1949**, that I last saw the deceased alive on **Feb 10, 1949**, and that death occurred at **5:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lewis L. Lottman</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>8231 Clayton Rd</b>	23c. DATE SIGNED <b>2/11/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/14/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>
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DATE REC'D BY LOCAL REG. <b>2-14-49</b>	REGISTRAR'S SIGNATURE <b>Thurmond L. Lumsden MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Central Und. Co</b>	ADDRESS <b>1841 Cass ave</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8231  
Chapman

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by XXXXX Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Elton R. Penelino

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.