

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18818
Registrar's No. 1415

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 263

4007
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>263</u>		Registrar's No. <u>1415</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>10 DYS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>S. Kirkwood</u>		<u>477.3</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>316 Saratoga St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) _____ (Last) <u>Bailey</u>			4. DATE OF DEATH (Month) <u>June</u> (Day) <u>4</u> (Year) <u>1950</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Dec. 16th 1860</u>			
9. AGE (In years last birthday) <u>89</u>		10. MONTHS <u>5</u> DAYS <u>19</u>		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 24 HRS. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>			11. BIRTHPLACE (State or foreign country) <u>Knobview, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Paris Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>? Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cornealia Bailey</u>				ADDRESS <u>316 Saratoga</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1 year</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>177X</u>					
22. I hereby certify that I attended the deceased from <u>5-25-1950</u> , to <u>6-4-1950</u> , that I last saw the deceased alive on <u>6-4-1950</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert W. Hill</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>601 Beechwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>June 5, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 7 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D. BY LOCAL <u>JUN 6 1950</u>		REGISTRAR'S SIGNATURE <u>Robert W. Hill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Hamrill</u>		ADDRESS <u>408 S. Fillmore Av. Kirkwood Mo.</u>			

STATEMENT BY LICENSED EMBALMER

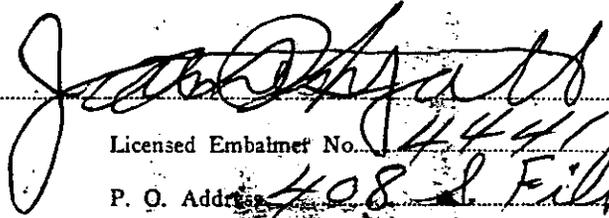
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4441

P. O. Address 408 S. Filmore

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.