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FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28962

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2101

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy, Missouri
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3830 Roland Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mission
d. STREET ADDRESS (If rural, give location): 1203 Dunlap

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3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Wesley
c. (Last): Bailey

4. DATE OF DEATH (Month): 9 (Day): 2 (Year): 1950

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-23-1882
9. AGE (In years last birthday): 67 — If under 1 year: Months 11, Days 9, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Quincy, Ill
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: John Bailey
13b. MOTHER'S MAIDEN NAME: Luella Gertrude Marshall
14. NAME OF HUSBAND OR WIFE: Margaret Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Spanish American
16. SOCIAL SECURITY NO.: 493 07 7108
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Margaret Bailey 1203 Dunlap, Mission, Texas

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 9-2-50 19__, to 9-2-50 19__, that I last saw the deceased alive on 9-2-, 19 50, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Dr Thomas J Toon V D.O.
23b. ADDRESS: 3830 Roland Blvd
23c. DATE SIGNED: 9-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 5, 1950
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Mausoleum
24d. LOCATION (City, town, or county) (State): St Louis Missouri

DATE REC'D BY LOCAL REG. 9-4-50
REGISTRAR'S SIGNATURE: Herbert R Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. HOFFMEISTER COLONIAL MORTUARY 4404 Chippewa, St. Louis, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

John Bailey

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Harry J. Schumacher

Signed.....
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7874 S Broadway

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.