

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15207  
State File No. 26  
Registrar's No. 26

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4468

0950

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

1. PLACE OF DEATH a. COUNTY <u>STE. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. MARYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>ST. MARYS, Beauvois TWS</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>ST. MARYS, Mo. 0950</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS, Mo.</u>			

3. NAME OF DECEASED a. (First) <u>Nellie</u> b. (Middle) <u>Amelia</u> c. (Last) <u>Bailey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MARCH 27 1885</u>		9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>ST. MARYS, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <u>Christopher Myers</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Shoemaker</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES E. Bailey</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Norothy M. Kirchner</u> ADDRESS <u>St. Genevieve, Mo</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		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) <u>Hypertensive Heart disease</u>		<u>5 weeks</u>	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1 April, 1951, to 2 May, 1951, that I last saw the deceased alive on 1 May, 1951, and that death occurred at 12:45 P.M., from the cause and on the date stated above.

23a. SIGNATURE <u>Joseph T. Lutkenitte M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Marys Mo</u>		23c. DATE SIGNED <u>4 May 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/5/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARYS CATH. Cem</u>	
		24d. LOCATION (City, town, or county) (State) <u>ST. MARYS, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>May 6, 1951</u>		REGISTRAR'S SIGNATURE <u>Doreen M. Karl-Depo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leslie Barber St. Genevieve Mo</u> ADDRESS	
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RECEIVED  
MAY 8 1951  
DISTRICT HEALTH OFFICE No. 4  
File No.

MAY 15 1951

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 Adrian J. Eller

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, 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.