

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

288889

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 2976

1. PLACE OF DEATH a. COUNTY <u>St. Louis 4006</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) <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City 4236</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>6600 Washington 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6600 Washington</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leinfecti</u> b. (Middle) _____ c. (Last) <u>Bailey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>	
8. DATE OF BIRTH <u>Feb. 4, 1864</u>		9. AGE (In years last birthday) <u>87</u>		10. AGE (In years) if under 1 year if under 12 mos. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School School</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pike Co., Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Asia Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Rice</u>		14. NAME OF HUSBAND OR WIFE <u>Unavailable</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 ADDRESS <u>Lynn Bailey, Kansas City, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		MEDICAL CERTIFICATION <u>3704 E. 63rd St.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic Interstitial Nephritis</u>		592X		?	
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 July 20, 1951, to Aug 22, 1951, that I last saw the deceased alive on Aug 20, 1951, and that death occurred at 10:00p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Ryars</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>607 N. Grand</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Palmyra, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-23-51</u>		REGISTRAR'S SIGNATURE <u>Hubert A. Donohue</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS <u>4700 Washington Blvd.</u>	

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

OCT 3 1951

MAY 4 1956

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

John J. Hennel
Licensed Embalmer No. 4194

P. O. Address _____

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.