

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43265**
Registrar's No. **11403**

FILED JAN 10 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 3 days		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) Warwick Hotel, 15th & Locust	
3. NAME OF DECEASED (Type or Print) a. (First) Claude		b. (Middle) G.	
c. (Last) Bailey		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 27, 1885
9. AGE (In years last birthday) 67		# UNDER 1 YEAR Months	# UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Dec-O-Vac Co.	11. BIRTHPLACE (City and State or Foreign Country) Ashland, Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Phillip Bailey	
13b. MOTHER'S MAIDEN NAME Deborah Stout		14. NAME OF HUSBAND OR WIFE Olive Bailey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Nellie Smith Virginia, Ill.		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Intestinal obstruction	
INTERVAL BETWEEN ONSET AND DEATH 3 days		ANTECEDENT CAUSES	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b)		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 5705			
22. I hereby certify that I attended the deceased from Dec 7, 1952, to Dec 10, 1952, that I last saw the deceased alive on Dec 9, 1952, and that death occurred at 7:35A m., from the causes and on the date stated above.			
23a. SIGNATURE C. Hoffmeister		23b. ADDRESS 539 N. Grand	
23c. DATE SIGNED 12-10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 11, 1952	
24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. DEC 11 1952		REGISTRAR'S SIGNATURE Nellie Smith Virginia	
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister		ADDRESS Colonial Mortuary 646 Chippewa St.	

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

Dr. C. G. Bournas
DePaul Hospital

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 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.