

FILED JAN 26 1953

STANDARD CERTIFICATE OF DEATH

State File No. 44701

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12042

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Mo. 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 2199	
c. LENGTH OF STAY (in this place) 7-days		d. STREET ADDRESS (If rural, give location) 4337 Maryland Ave. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		19	

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth F. Bailey b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1952			
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Aug. 1, 1874	9. AGE (In years last birthday) 78	10. IF UNDER 1 YEAR Months 29	11. IF UNDER 15 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George Frey	13b. MOTHER'S MAIDEN NAME Carley Dobert	14. NAME OF HUSBAND OR WIFE James Bailey
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Adele Schick, 6201 Reber Place
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Atypical Pneumonia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Artery Disease</i> DUE TO (c) <i>Cardiac Hypertrophy</i>		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4343
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on 7:5A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph M. Quinn</i>	23b. ADDRESS 130. Clark	23c. DATE SIGNED 12/30/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan. 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill.
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DATE REC'D BY LOCAL REG. DEC 30 1952	REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Arthur J. Houvelly</i> 3840 Lindell Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis 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.