S. No. 300
Rev. 10.48

0

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 10 1953

State File No. 40154

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11470

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2119
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location) 4308 Maffitt

3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) c. (Last) Bailey
4. DATE OF DEATH (Month) 12 (Day) 3 (Year) 53
5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8
8. DATE OF BIRTH 11/22/1897
9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Springfield Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frank Arnold
13b. MOTHER'S MAIDEN NAME Jane Balden
14. NAME OF HUSBAND OR WIFE Herschel Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jean Williams St Louis Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Breast, Left, with Metastasis Axilla and Long Bones

ANTECEDENT CAUSES *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.* Pleural Effusion, Bilateral. Hypertensive Heart Disease with Congestive Failure

INTERVAL BETWEEN ONSET AND DEATH

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? 170 X

22. *I hereby certify that I attended the deceased from* 7-25, 1953, *to* 12-3, 1953, *that I last saw the deceased alive on* 12-3, 1953, *and that death occurred at* 9:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Earl Bell Smith (Degree or title) M. D.
23b. ADDRESS 2601 N. Whittier
23c. DATE SIGNED 12-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-7-53
24c. NAME OF CEMETERY OR CREMATORY Lincoln
24d. LOCATION (City, town, or county) (State) Springfield Mo

DATE REC'D BY LOCAL REG. DEC 4 1953
REGISTRAR'S SIGNATURE Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE H. V. Smith ADDRESS 602 N. Jefferson
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herbert V. Smith

Licensed Embalmer No. 4280

P. O. Address Springfie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.