FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10393

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2003

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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST JOHNS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: JEFFERSON
c. CITY OR TOWN: RURAL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): MERAMEC TOWNSHIP. 0 500 0

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle):
c. (Last): BAILEY

4. DATE OF DEATH (Month) (Day) (Year): 2 - 24 - 1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: AUG 22 - 1894
9. AGE (In years last birthday): 61 — 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): PUBLIC SERV. CO.
10b. KIND OF BUSINESS OR INDUSTRY: DRIVER
11. BIRTHPLACE (City and State or Foreign Country): ~~FRANKLIN CO~~ RICHWOODS - MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: EDWARD BAILEY
13b. MOTHER'S MAIDEN NAME: AMANDA VENABLE
14. NAME OF HUSBAND OR WIFE: BLANCHE E. ~~CREASON~~ BAILEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: 494-01-0748
17. INFORMANT'S SIGNATURE OR NAME: George Cline — ADDRESS: Ottawa, Ill

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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.

O.K. Joseph M. Lewis Deputy Coroner 2/28/56

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?: 420.1

22. *I hereby certify that I attended the deceased from* 2-23, 1956, *to* 2-24, 1956, *that I last saw the deceased alive on* 2/24, 1956, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert W. Tichenor MD
23b. ADDRESS: P.O. Box 6 Sappington 23 Mo
23c. DATE SIGNED: 2-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2/27/56
24c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW CEM
24d. LOCATION (City, town, or county): FRANKLIN Co (State): Mo

DATE REC'D BY LOCAL REG.: FEB 27 1956
REGISTRAR'S SIGNATURE: J. Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE: Brummer Funeral Home — ADDRESS: House Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank Wylana

Licensed Embalmer No. 46

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.