V.S. No. 300
Rev. 10.48

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9867

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2915

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

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): 2 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 04 Barnes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alton 8120 8
d. STREET ADDRESS (If rural, give location): 32 449 Belleview Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Lena
b. (Middle): Minnie
c. (Last): Bailey

4. DATE OF DEATH (Month) (Day) (Year): 3-24 57

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov 30 1881
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months X Days X — IF UNDER 24 HRS.: Hours X Min. X

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Brighton Ill 1
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Wm. Fredrick Schierer
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Jacob Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Jacob Bailey — ADDRESS: 624 Bowman E. A

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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic heart Disease — 15 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Exfoliative Dermatitis — 3 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 420.0
20. AUTOPSY? YES [X] NO [ ] 1

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?

22. *I hereby certify that I attended the deceased from* 3/11/57, 19__, *to* 3/24/57, 19__, *that I last saw the deceased alive on* 3/24/57, 19__, *and that death occurred at* 5 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F R Bradley MD 0
23b. ADDRESS: Barnes Hospital
23c. DATE SIGNED: 3/24/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-26-57.
24c. NAME OF CEMETERY OR CREMATORY: Vallhalla
24d. LOCATION (City, town, or county) (State): Godfrey Madison Ill

DATE REC'D BY LOCAL REG.: MAR 26 57
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. S.P.
25. FUNERAL DIRECTOR'S SIGNATURE: Carson Quinn — ADDRESS: 603 Henry Alton

(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 embalmed by me, or by ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Carson Lunin

Licensed Embalmer No. 5796

P. O. Address Alton Ill.

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.