

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023093
State File No.

FILED JUL 14 1958

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 6546

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 12yr 7mo	c. CITY OR TOWN 3dyeWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 2239 1725 Franklin Ave	
3. NAME OF DECEASED (Type or Print) Calvin	a. (First)	b. (Middle)	c. (Last) Bailey
4. DATE OF DEATH June 28, 1958		5. SEX male <input type="radio"/>	
6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single <input type="radio"/>	8. DATE OF BIRTH July 1, 1891	9. AGE (In years, Months, Days, Hours, Min.) 66 11 37
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Edward Bailey	13b. MOTHER'S MAIDEN NAME Mary Simpson	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Hospital Records	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 2 hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.0 years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 15, 1945, to June 28, 1958, that I last saw the deceased alive on June 28, 1958, and that death occurred at 3:50 P. M., from the causes and on the date stated above.			
23a. SIGNATURE George M. Frank, M.D.		23b. ADDRESS 5800 Arsenal	23c. DATE SIGNED 6/28/58
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 7-1-58	24c. NAME OF CEMETERY OR CREMATORY McLeansboro, Ill.	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. JUN 30 1958	REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	25. FUNERAL DIRECTOR'S SIGNATURE Walker, Carmi, Illinois	

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.....
Signature of Student Embalmer

Signed *V E Morris*.....

Licensed Embalmer No. *336*.....

P. O. Address *St Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.