

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002693  
STATE FILE NUMBER

FILED JAN 28 1959 Station District No. 318 Primary Registration District No. 1003 Registrar's No. 267

300  
-57  
8  
67

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 4069 4775a Cupples Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Edward L. Bailey			4. DATE OF DEATH Month Day Year 1 7 59			
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5. SEX Male <i>2</i>	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Sept-19-1897</i>	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Prison Guard</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>St. Louis Police Dept.</i>	11. BIRTHPLACE (City and state or country) <i>Wellsville Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Edward Bailey</i>	13b. MOTHER'S MAIDEN NAME <i>Maggie Frances</i>	14. NAME OF HUSBAND OR WIFE <i>Estella Bailey</i>
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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) <i>Yes W.W.I.</i>	16. SOCIAL SECURITY NO. <i>500-26-6833</i>	17. INFORMANT <i>Frances Bailey</i>	Address <i>5092 Maple 1</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of larynx with metastases</i>		INTERVAL BETWEEN ONSET AND DEATH <i>undet.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>161x</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>7-16-58</i> to <i>1-7-59</i> and last saw <i>6x</i> him alive on <i>1-7-59</i> Death occurred at <i>12:00 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Lemuel J. Clanton</i> (Degree or title) <i>M.D.</i>	22b. ADDRESS <i>2601 Whittier Street</i>	22c. DATE SIGNED <i>1-7-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>1-14-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National</i>	23d. LOCATION (City, town, or county) (State) <i>Jefferson Barracks MO.</i>
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24. FUNERAL DIRECTOR <i>J. McClendon</i>	ADDRESS <i>4585 Washington</i>	25. DATE RECD. BY LOCAL REG. <i>JAN 9 '59</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> <i>acm</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Arthur L. Hellard*

Licensed Embalmer No. *4221*.....

P. O. Address *3100 Easton*

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.