

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046048

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11683**

STATE FILE NUMBER

FILED DEC 21 1961

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                   |  | c. CITY OR TOWN <b>St. Louis</b>   |  |
| Length of stay in 1b  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>2903 Delmar</b>  |  |
| Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                               |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |

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| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>John Bailey</b> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><b>12 12 61</b> |  |  |
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|                       |                                  |   |                                       |                                     |   |                |
|-----------------------|----------------------------------|---|---------------------------------------|-------------------------------------|---|----------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>Negro</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>11-14-1910</b> | 9. AGE (last birthday)<br><b>51</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR |
|-----------------------|----------------------------------|---|---------------------------------------|-------------------------------------|---|----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Odd Jobs</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b> |
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| 13a. FATHER'S NAME<br><b>William Bailey</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Richardson</b> | 14. NAME OF HUSBAND OR WIFE |
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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)<br><b>no</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address<br><b>Josephine Harris 913 N. 23rd St.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of Penis with Metastasis</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Undet.</b> |
| DUE TO (b)  |  |   |
| DUE TO (c) <b>179.0</b>   |  |   |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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<br>Hour Month, Day, Year<br>a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <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 <b>9-26-61</b> to <b>12-12-61</b> and last saw him alive on <b>12-12-61</b> |
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| Death occurred at <b>2:15</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |  |
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| 22a. SIGNATURE<br><i>H. P. Prophet</i> (Degree or title) | 22b. ADDRESS<br><b>2601 N. Whittier Street</b> | 22c. DATE SIGNED<br><b>12-14-61</b> |
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|  |                              |   |   |
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| 23b. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>12-18-61</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenwood Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><b>Dement &amp; Son 2629-31 Cole Street</b> | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 15 1961</b> | 26. REGISTRAR'S SIGNATURE<br><i>Earl Smith, M.D.</i> |
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 *J. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 1123 W. Taylor

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.