MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-016558
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4658

FILED MAY 10 1962

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis
Length of stay in 1b: 19 days
c. CITY OR TOWN Granite City
Inside Limits: Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Louis-Little Rock Hospital's, Inc.
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 2735 Buxton Ave.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First John Middle Henry Last Bailey
4. DATE OF DEATH: Month May Day 7 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-12-1889
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pensr. Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Widowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT: Mrs.Erma Welch Address: Granite City, Illinois

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Lung
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) 163 x
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-17-62, to 5-7-62 and last saw him alive on 5-6-62
Death occurred at 2.55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS: 1755 So Grand Blvd
22c. DATE SIGNED: 5-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-9-62
23c. NAME OF CEMETERY OR CREMATORY: Blairsville Cemetery
23d. LOCATION (City, town, or county) (State): Williamson Co., Ill.

24. FUNERAL DIRECTOR: Van Treace ADDRESS: Ziegler, Ill.
25. DATE RECD. BY LOCAL REG.: MAY 7 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			8-20-71
3			
4	0		
5	2		
6			
7	1		
8	2		
9			
10			
11			
12	69-0		
13			
	69		

BY AFFIDAVIT OF DOCUMENT

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 Not Embalmed, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John J. Kassly III

Licensed Embalmer No. 5039

P. O. Address E. St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.