

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

OCT 11 1934

34119

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 4944 Lindell Blvd St. Ward)
Registered No. 8895

2. FULL NAME

(a) Residence, No. 4944 Lindell St., St. Louis (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Salmon Bailey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24-1861
7. AGE YEARS 72 MONTHS 10 DAYS 11 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Horses & Mules
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Georgetown (STATE OR COUNTRY) Kentucky

MOTHER FATHER
13. NAME Leon Bailey
14. BIRTHPLACE (CITY OR TOWN) Georgetown (STATE OR COUNTRY) Ky
15. MAIDEN NAME Susan Hurry Cook
16. BIRTHPLACE (CITY OR TOWN) Georgetown (STATE OR COUNTRY) Ky

17. INFORMANT Mrs Louise P. Bailey (ADDRESS) 4944 Lindell

18. BURIAL, CREMATION, OR REMOVAL PLACE Calulton Mo DATE Sept 7 34

19. UNDERTAKER C. R. Epton's Sons (ADDRESS) 4944 Lindell St

20. FILED 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5th 1934
22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934, to Apr 5, 1934. I last saw him alive on July 25 1934, 19..... Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Arterio Sclerosis
Other contributory causes of importance: Arterio Sclerosis
Date of onset 1 yr. 7
4 yr

Name of operation..... Date of.....
What test confirmed diagnosis? Phos. Thoms. Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Lois H. Robinson, M. D.
(Address) 102 No Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

22 22 22

102 N. Broadway -

Main 2525

→ 12-3 P.M.

Res. 4944 Lindell

Ro. 4455