Do not use this space.

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

APR 25 1934

File No. 10158

Registered No. 44

1. PLACE OF DEATH
County St Charles Registration District No. 457
Township Primary Registration District No. 3036
City St Charles (No. 518, South 4th St St. Ward)

2. FULL NAME Elvira Bacon
(a) Residence, No. 518 S. 4th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Bruce L. Bacon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jany 26 - 1904
7. AGE: YEARS 30, MONTHS 1, DAYS 28. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

FATHER
13. NAME Herman Wietholter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Augusta Prieb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

17. INFORMANT Bruce L. Bacon
(ADDRESS) 518 South 4th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Johns Cem DATE Mar 20 1934

19. UNDERTAKER W. H. Dallmeyer & Sons Co
(ADDRESS) [illegible]

20. FILED 3/20 1934 Clarence B. Kessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to March 18, 1934
I last saw h[er] alive on March 18, 1934. Death is said to have occurred on the date stated above, at 5.30 a.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Chr Pulmonary Tuberculosis

Other contributory causes of importance:
23A
23

Name of operation Date of
What test confirmed diagnosis? Physical & Bac. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (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? No
If so, specify
(Signed) B. Kurt Gossow, M. D.
(Address) 200 Clay St St Charles Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.