

STANDARD CERTIFICATE OF DEATH

State File No. **20172**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5120**

1. PLACE OF DEATH:
 (a) County St, Louis Mo.
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Faith Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
Life (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Dorothy Bacott 230

8. (b) If veteran, name war No 3. (c) Social Security No. 494-05-310

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Bacott 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased October 3 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>28</u>		<u>8</u>	<u>8</u>	hr. <u>0</u> min. <u>0</u>

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business Merchants Exchange

12. Name William Tendick

13. Birthplace St, Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie (not known)

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Bacott

(b) Address 1711a No. 13th st.

17. (a) Burial (b) Date thereof 6/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Sullivan Bros,
(b) Address 2849 N. Euclid

19. (a) JUN 14 1940 (b) J. P. Tendick
(Official Signature) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County MO
 (c) City or town St. Louis 26
 (If outside city or town limits write "RURAL")
 (d) Street No. 1711a No. 13th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11
year 1940 hour 8 minute 26 A. M.

21. I hereby certify that I attended the deceased from May 11, 1940, to June 11, 1940
that I last saw per alive on June 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Ruptured R. T. PERITONITIS-PO. 8 days
 Due to Ruptured Tubal Pregnancy 10 days
 Due to Tubal Pregnancy 2 Mos
 Other conditions (Include pregnancy within 3 months of death)

Duration
8 days
10 days
2 Mos

Major findings:
 Of operations _____
 Of autopsy June 11 40 by Dr. S. Katz

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature W. Moore (M. D. or other)
 Address 1418 Franklin Date signed 6/11/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

27

Faith Hoop

109-21110-1234

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Al Mayfield*

Licensed Embalmer No. *3077*

P.O. Address _____

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 this body is not embalmed, above space should be left blank.