

FILED MAR 2 1942

Registration District No. **757**

Primary Registration District No. **3036**

Registrar's No. **239**

1. PLACE OF DEATH:

(a) County **St. Charles**
(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Carmelite Home #721 Clay St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Four months**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Wiles Edward Bacon**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
7. Birth date of deceased: **October 24 1851**
(Month) (Day) (Year)

8. AGE: Years **90** Months **2** Days **13** If less than one day hr. min.

9. Birthplace **Canada**
(City, town, or county) (State or foreign country)

10. Usual occupation **Minister**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss A. D. Lynch**

(b) Address **41 Willow Hill Road, Clayton, Mo.**

17. (a) **Burial** (b) Date thereof **Jan 9-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chandlerville, Illinois**

18. (a) Signature of funeral director **H.C. Ballinger & Sons Co.**

(b) Address **200 N. Second, St. Charles, Mo.**

19. (a) **1-8-42** (b) **Clarence G. Wessler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **92** (b) County **7**
(c) City or town **not known** (If outside city or town limits, write "RURAL") **5**
(d) Street No. **not known** (If rural, give location)
(e) Citizen of foreign country? **?** (Yes or No)
If yes, name country **?**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **7**
year **1942** hour **10** minute **30** AM

21. I hereby certify that I attended the deceased from **December 23**
1941 to **Jan 7** 1942

that I last saw him alive on **Jan 5** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocardial disease** Duration **5yr?**
coronary artery disease **5yr?**

Due to

Due to

Other conditions **generalized arteriosclerosis** **10yr?**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **93d**

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **No**

(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 **George E. Kistner** (M. D. or other) **M.D.**

Address **St. Charles, Mo.** Date signed **1/9/42**

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 John E. Hallmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles Mo

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, fact should be so stated above.