

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15629

State File No.

FILED MAY 4 1942
Registration District No. 1954

Primary Registration District No. 105

Registrar's No. 963

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Glendale
(If outside city or town limits, write "RURAL")
(d) Street No. 729 Luckystone
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Viola M. Bacon
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 28
year 1942 hour 12:30A minute _____ M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Thomas Bacon
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 2 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1942 to April 27 1942
that I last saw her alive on April 27 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 2 Days 26
If less than one day _____ hr. _____ min.

Immediate cause of death Diabetes
Due to _____
Due to _____

9. Birthplace UNKN
(City, town, or county) (State or foreign country)
10. Usual occupation Nil

Other conditions Chr. myocarditis
(Include pregnancy within _____ months of death)
Chr. Choleystitis
Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name John Winship
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name Mary Katherine Butler
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. R. W. Marehead
(b) Address 2705 West 6 Ave Denver Colo.
17. (a) Burial (b) Date thereof 4/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem Kirkwood

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

18. (a) Signature of funeral director Lucas H. Popp & Son
(b) Address Kirkwood, Mo.
19. (a) APR 29 1942 (b) E. V. Mc Gowan
(Date received local registrar) (Registrar's signature)

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 Royce L. McLean (M. D. or other) M.D.
Address Kirkwood Mo Date signed 4-28-42

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

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.....

Louis H Bapp

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H Bapp

Licensed Embalmer No.....

921

P. O. Address.....

Kirkwood 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.