S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25275

Registrar's No. 6840

1. PLACE OF DEATH: 218

(a) County: St. Louis
(b) City or town: Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14½ hrs. (previously under treatment) (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEATH: 999

(a) State: Illinois (b) County: Madison
(c) City or town: ~~Edwardsville~~ Wood River
(If outside city or town limits, write "RURAL")
(d) Street No. or R.F.D.: R 282 Eighth St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: William Henry Bacheldor

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

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Elizabeth C. Bacheldor
6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: October (Month) 11 (Day) 1885 (Year)

8. AGE: Years 61 Months 9 Days 9 If less than one day hr. min.

9. Birthplace: Chatham Ontario (City, town, or county) Canada (State or foreign country) 2

10. Usual occupation: Foreman

11. Industry or business: Standard Oil Company

FATHER
12. Name: John Bacheldor
13. Birthplace: Chatham Ontario (City, town, or county) Canada (State or foreign country) 2

MOTHER
14. Maiden name: Unknown Hall
15. Birthplace: Chatham Ontario (City, town, or county) Canada (State or foreign country) 2

16. (a) Informant: Elizabeth C. Bacheldor
(b) Address: ~~Edwardsville~~ Wood River, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Edwardsville~~ Wood River, Illinois

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.

19. (a) JUL 21 1947 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 19, 1947, to July 20, 1947, that I last saw him alive on July 20, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Posterior myocardial infarction

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): Hypothyroidism, secondary

Major findings:
Of operations:
Of autopsy: As above

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: H. L. Bradley (M. D.)
Address: Barnes Hospital Date signed 7/20/47

(Licensed Embalmer's Statement on Reverse Side)

Hand

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 Henry M Brammer

Licensed Embalmer No. H200

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, fact should be so stated above.