

Registration District No. 318 Primary Registration District No. 1005

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 1341 North Euclid Ave. Memorial
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Benjamin BACON
(b) If veteran, name war. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 5th
year 1948 hour 1 minute 40 P. M.
21. I hereby certify that I attended the deceased from 1/7/48
to Feb. 5th 19 48
that I last saw him alive on Feb. 5th 19 48
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased Sept. 24th 1875
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of Lung
Duration

8. AGE: Years 72 Months 4 Days II hr. min.

Due to _____
Due to _____
Other conditions: (Include pregnancy within 3 months of death)

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

PHYSICIAN
Major findings:
Of operations:
Of autopsy:
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Patrick H. Bacon
13. Birthplace New York (City, town, or county) (State or foreign country)
14. Maiden name Marie Judge
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Nora Bacon
(b) Address 1341 North Euclid Ave.
17. (a) Burial (b) Date thereof 2/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave. FEB 9 1948
19. (a) (Date received local registrar) (b) J. F. Bredenk (Registrar's signature)

While at work? (Specify type of place)
23. Signature Joseph H. Ogura 2/11/48
Address 1545 Lafayette (City or town) (County) (State) Date signed

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

NO. 12-1981

State of
Illinois
Department of Public Health

County of
City of
Date of
Age at death

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: *Robert L. Brubaker*
Licensed Embalmer No. 3553

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.