

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26510-58

58-015495

State File No.

FILED MAY 8 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4597**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. LENGTH OF STAY (in this place) 8 hrs | c. CITY OR TOWN St. Charles 0923 d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 24 St. Louis Children's Hospital | | e. STREET ADDRESS (If rural, give location) 30 113 Sue Lane | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) Thomas c. (Last) Bacon Jr. | | 4. DATE OF DEATH (Month) (Day) (Year) 4-25-58 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH 4-24-58 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | 9. AGE (In years last birthday) 13 IF UNDER 1 YEAR 13 IF UNDER 4 HRS. 13 |
| 11a. FATHER'S NAME Bacon, Herbert Thomas Sr. | | 11b. MOTHER'S MAIDEN NAME Agnes Schulte | 11c. NAME OF HUSBAND OR WIFE None |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Jane Hanrichsen ADDRESS 500 So. Kingshighway |

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|---|----------------------------------|--|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) septicemia | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E | | DUE TO (c) 768.5 | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **4-24-58**, 19**58**, to **4-25**, 19**58** that I last saw the deceased alive on **4-25**, 19**58**, and that death occurred at **8:40p m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Helda J. Wohltmann, M.D. | 23b. ADDRESS 500 So. Kingshighway | 23c. DATE SIGNED 4-25-58 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED | 24b. DATE APR 26-1958 | 24c. NAME OF CEMETERY OR CREMATORY CHARLES BORROMEO |
| 24d. LOCATION (City, town, or county) (State) ST CHARLES MO | | |

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| DATE REC'D BY LOCAL REG. APR 29 58 | REGISTRAR'S SIGNATURE Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE C L Prinster ADDRESS St Charles Mo |
|---|--|---|

(Licensed Embalmer's Statement on Reverse) **PRINSTER-HUGHES F.H.**

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

transferred from St. Joseph's Hospital, St. Charles, Missouri to St. Louis Children's Hospital

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 Student Embalmer No.
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.