URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 1 1960

-60-003114

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 29

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b: 4 HRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: JEWISH HOSPITAL — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST LOUIS
c. CITY OR TOWN: OVERLAND — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 9510 EVERMAN — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First NINA Middle TODD Last BACON
4. DATE OF DEATH: Month 1 Day 3 Year 60
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-7-1943
9. AGE (last birthday): 16
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY: RITENOUR HIGH SCHOOL
11. BIRTHPLACE (City and state or country): ST LOUIS MO
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: DONALD C. BACON
13b. MOTHER'S MAIDEN NAME: NINA CATHERINE TODD
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: — —
17. INFORMANT: DONALD C. BACON Address: 9510 EVERMAN OVERLAND MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO (b): Heart disease, rheumatic
DUE TO (c): 401.3
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

OK
Jan 6 1960

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/2/60, to 1/3/60 and last saw her/him alive on 1/3/60
Death occurred at 1 a.m. (1/3/60) on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Marvin H. Gubtine, M.D. (Degree or title)
22b. ADDRESS: 10517 St. Charles Rock Road St. Ann
22c. DATE SIGNED: 1/4/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 1-6-60
23c. NAME OF CEMETERY OR CREMATORY: LAUREL HILL
23d. LOCATION (City, town, or county) (State): ST LOUIS CO MO

24. FUNERAL DIRECTOR: Earl Hillerman ADDRESS: 9709 Lackland
25. DATE RECD. BY LOCAL REG.: JAN 4 1960
26. REGISTRAR'S SIGNATURE: Noal Smith M.D. MSB

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 350

P. O. Addre Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.