

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20320

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1008
(d) Street No. St. Lukes Hosp.

Registered No. 5459

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

BERTIE WILCOXEN BACON

(a) Residence, No. 75 S. 15 St. San Jose, Calif.
(Usual place of abode, if no street address, write county or city)

4 days
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grover T. Bacon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/13/83

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 8 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Balivar, Mo.

FATHER 13. NAME Oliver Wilcoxen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Nettie Corbin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Geo. W. Bowes
1500 Lucas Dr., Beaumont, Tex.

18. BURIAL, CREMATION, OR REMOVAL PLACE San Jose, Calif. DATE 6-17-38

19. FUNERAL DIRECTOR (ADDRESS) Alexander and Sons
6175 Delmar Blvd

20. FILED JUN 17 1938 J. F. Bredrick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14/38

22. I HEREBY CERTIFY, That I attended deceased from 6-11-38 to 6-14-38
I last saw her alive on 6-14-38. Death is said to have occurred on the date stated above, at 7:30 pm.
The principal cause of death and related causes of importance were as follows:

Cholecystitis Gangrenous
Cholelithiasis
Other contributory causes of importance: Arterio-sclerosis

Name of operation Cholecystectomy Date of 6-14-38
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify (Signed) John W. Stewart, M. D.
(Address) Lister Alder, Kansas Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. J. W. Newman
Master Body
2-7-4

STATEMENT BY LICENSED EMBALMER

I, J. W. M. Dunblay, Licensed Embalmer No. 3653

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. W. M. Dunblay
Licensed Embalmer No. 3653

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.)