

REC'D AUG 11 1939

791

Primary Registration District No.

Registrar's No.

6487

1. PLACE OF DEATH:

1008

- (a) County.....
 (b) City or town St. Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Ralph Bacon 250
 3. (b) If veteran, name war None
 3. (c) Social Security No. 493-03-5243

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased October 12, 1907
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 9 11 hr. min.

9. Birthplace Bourbon Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Shoe worker
 11. Industry or business International Shoe Co.

- MOTHER FATHER
 12. Name Newton Bacon
 13. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth A. Gerth
 15. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Floyd Bacon
 (b) Address Sullivan Missouri
 17. (a) Burial (b) Date thereof 7/27/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bourbon Missouri

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

19. (a) JUL 24 1939 (b) J. B. Prueck
 (Date of filing with registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri / (b) County Franklin
 (c) City or town Bourbon NR
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
 year 1939 hour 2 minute 40 P.M.

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

Immediate cause of death Hemorrhage due to laceration of lungs & spleen
suffered in collision between Chevrolet truck driven by Mr. Cain and Chevrolet Sedan driven by Mr. Sullivan on Highway # 114 near Sullivan Mo. about 9.00 AM July 23 1939
 (Include pregnancy, within 8 months of death)

- Major findings:
 Of operations.....
 Of autopsy See above

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) Accident
 (b) Date of occurrence 7/23/39
 (c) Where did injury occur? Sullivan Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
 While at work..... (Specify type of place) (Cause of injury) Auto.

23. Signature Alfred Perry (M. D. or other)
 Address Deputy Coroner Date signed 7/25/39

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 Gay W Wilkinson
Licensed Embalmer No. 3575

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, above space should be left blank.