

REGD SEP 14 1939 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

1008

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
#10 Thornby Place
(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

9. (a) PRINT FULL NAME Helen S Stephens Bacon 250

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife B. R. Bacon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 7 29 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Sidney Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business _____

12. Name Thomas G. Stephens

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Thomas

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Daryl B. Miller

(b) Address Ten Thornby Pl

17. (a) Burial (b) Date thereof Aug. 8, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd

19. (a) AUG 7 1939 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Thornby Place
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1939 hour 3 (o'clock) minute 0 M.

21. I hereby certify that I attended the deceased from July 20 1939, 19 _____, to Aug 5 1939, that I last saw him alive on Aug 5 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 12 days

Due to Coronary Occlusion

Due to age

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) none
(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? _____

While at work? ✓ (Specify type of place) (e) Means of injury _____

23. Signature Chorwiler (M. D. or other) ✓
Address 408 Humboldt Date signed 8/7/39

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.

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 J. W. M. Benkley

Licensed Embalmer No. 3653

P. O. Address St. Louis, Mo

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.