. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15940

FILED JUN 22 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5111

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14dys. (Specify whether years, months or days)
In this community About 34years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2731a Burd
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSE BACOTT

3. (b) If veteran, name war –

3. (c) Social Security No. –

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James Bacott

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12-21-1903 (Month) (Day) (Year)

8. AGE: Years 38 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Emory Creekmore
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant L. Weygendorf
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director EDITH E. AMBRUSTER
(b) Address 4237 MANCHESTER

19. (a) JUN 12 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1942 hour 10:25 minute A. M.

21. I hereby certify that I attended the deceased from 5-28-42, 19..., to 6-9-42, 19... that I last saw her alive on 6-9-42, 19... and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Thrombosis 6-8-42

Due to Aneurysm of Aorta 5-28-42x

Due to Syphilis 9-16-40x

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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)
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Anthony K Bush (M. D. ~~coroner~~)
Address 5300 Arsenal Date signed 6/9/42

8444 (Licensed Embalmer's Statement on Reverse Side)

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 Florenz Eynck

Licensed Embalmer No. 1284

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, fact should be so stated above.