

FILED JAN 5 1945
318

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4648 Vernon Ave.
(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 Ella Lorene Bacon

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..... George Bacon 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Oct 1st 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business.....

MOTHER FATHER { 12. Name Hopp Toney
13. Birthplace Mo. ()
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Holland
15. Birthplace Mo. ()
(City, town, or county) (State or foreign country)

16. (a) Informant George Bacon

(b) Address 4648 Vernon Ave.

17. (a) Burial (b) Date thereof 12-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) DEC 25 1944 (b) DEC 25 1944
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4648 Vernon Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 23 day 1944
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from Dec 3 4pm
....., 19..... to Dec 23, 19.....
that I last saw him alive on Dec 23, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac occlusion
chronic myocarditis Duration

Due to Heart trouble

Due to for the best

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?.....

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

23. Signature [Signature] (M. D. or other)
Address 3903 Olive Date signed [Date]

Hobbs 23 44

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 Warren A. Carver

Licensed Embalmer No. 3534

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, fact should be so stated above.