

S. No. 2
M-2-43
7-5-17-39
P-1 X35697

FILED 1948
Registration District No. 111

Primary Registration District No. 202002

Registrar's No. 1363

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town University City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7481 Kingsbury
(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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town University City
(If outside city or town limits, write "RURAL")
 (d) Street No. 7481 Kingsbury
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Leva Sherry Bacon
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 22
 year 1946 hour 11:00 minute 45 P.M.
 21. I hereby certify that I attended the deceased from
May 1940 to June 22 1946
 that I last saw her alive on June 22 1946
 and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W.
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Cary H. Bacon
 (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased: Jan, 23 1870
(Month) (Day) (Year)

Immediate cause of death: Cerebral hemorrhage
 Duration 30 hrs.
83-a-1

8. AGE: Years Months Days If less than one day
76 4 29 _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace Earl Park, Ind.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Major findings:
 Of operations: _____
 Of autopsy: _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name Josiah Earl Sherry
 13. Birthplace West Point, Ind.
(City, town, or county) (State or foreign country)
 14. Maiden name Letitia Burton
(City, town, or county) (State or foreign country)
 15. Birthplace Washington, Ills
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Cary H. Bacon
 (b) Address 7481 Kingsbury
 17. (a) removal (b) Date thereof 6/25-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington, Ills
 18. (a) Signature of funeral director Alexander Sons
 (b) Address 6175 Delmar
 19. (a) 6-25-46 (b) E. J. McLawrence, M.D.
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____
 (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) MD
 Address 4500 Olive Date signed 6-27-46

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

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

jos. E McCulloch

Licensed Embalmer No. *2460*

P. O. Address. *617 5th St. Pellmar*

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.