

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25650

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 1003

Registered No. 7367

City St. Louis Mo (No. 2715 - N. 13 - St.)

St. Ward)

2. FULL NAME

Augusta Badwell

(a) Residence. No. 2715 - N. 13 - St. St. 26 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Badwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12 - 1856

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>5</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Alls.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Senck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

14. INFORMANT John H. Badwell
(Address) 2715 - N. 13 - St.

15. FILED 11 20 1923 Max C. Staver REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
15. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 - 19 28
17.

I HEREBY CERTIFY, That I attended deceased from man 1928 to July 18 1928 that I last saw her alive on July 18 1928, and that death occurred, on the date stated above, at 8 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
935
97
113 (duration) ? yrs. mos. ds.
CONTRIBUTORY Arterio Sclerosis + Senile Dementia
(SECONDARY) (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 9000
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) Dr. Schaefer M. D.
7/19, 1928 (Address) 3945 N 11 St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Johns North DATE OF BURIAL July 21, 19 28

20. UNDERTAKER Hy Leidner and Co. N. Market ADDRESS 1417

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.

