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

Do not use this space.

4258

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St Louis (No. Memorial Home ..... St. ..... Ward)

File No. .....

Registered No. 884

2. FULL NAME Benjamin G. Badger

(a) Residence. No. 1443 Union Bl St. 12 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sophia Badger

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 27 - 1848

7. AGE: Years 84 | Months — | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: Stationary Engineer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Conn. Ohio

PARENTS

10. NAME OF FATHER: Benj. G Badger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn
12. MAIDEN NAME OF MOTHER: Jane Cameron
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland

14. INFORMANT: Dr. W H Badger
(Address) 1443 N. Union Ave

15. FILED ..... 19.. Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1/16 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1928, to Jan 16, 1929 that I last saw him alive on 1/16, 1928 and that death occurred, on the date stated above, at 1130 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobular Pneumonia
107A
162 (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): Lewis Debutty
(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1000

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) Wm H Badger, M. D

1/17, 1929 (Address) 4362 Hamilton

*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: Bellefontaine

DATE OF BURIAL: Jan 19 - 1929

20. UNDERTAKER: A Kron Lorlac

ADDRESS: 2707 N Grand Blvd

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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