

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.

AUG 28 1931

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

Do not use this space.

25430

1. PLACE OF DEATH

County Jefferson
Township Boachin
City St. Louis (No. _____)

Registration District No. 421
Primary Registration District No. 5575

File No. _____
Registered No. 74
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Grace Badgley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27 1885

7. AGE YEARS 46 MONTHS 3 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Smelter

10. Date deceased last worked at this occupation (month and year) 7-14-31 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee Wis.

13. NAME Chas. Welling Badgley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee Wis.

15. MAIDEN NAME Bessie Bringham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee Wis.

17. INFORMANT Mrs. C. W. Badgley (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Valhalla 7-17 1931

19. UNDERTAKER Duester and Vengard (ADDRESS) St. Louis, Mo.

20. FILED 7/16 1931 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15 1931

22. I HEREBY CERTIFY, That I attended deceased from 7/15 1931, to 7/15 1931.

I last saw him alive on 7/15 1931. Death is said to have occurred on the date stated above, at 145 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Date of onset 7/15/31

94A

94A

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Cholera Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) O. French _____, M. D.

(Address) St. Louis, Mo.

