

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.

JUN 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City *St. Louis* (No. *1661*)

Registration District No. *791*  
Primary Registration District No. *1003*  
*City Hospital*

File No. *17890*  
Registered No. *4205*  
St. .... Ward)

2. FULL NAME

*Joe Badaracco*

(a) Residence, No. *2910 Arsenal* Ward. *16*  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. *9* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 15 - 34*  
7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min. *— 9 24*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Murcia*

13. NAME *Joe Badaracco*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

15. MAIDEN NAME *Lily Dean*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. James Mo*

17. INFORMANT *Hospital of St. Louis* (ADDRESS) *City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New St. Marcus* DATE *May 16 35*

19. UNDERTAKER *Wacker-Belderle* (ADDRESS) *2331 Broadway*

20. FILED - *9* 1935 19 *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/8 1935*  
22. I HEREBY CERTIFY, That I attended deceased from *5/1 1935* to *5/8 1935*  
I last saw *him* alive on *5/8 1935*. Death is said to have occurred on the date stated above, at *12:22 p.m.*

The principal cause of death and related causes of importance were as follows:  
*Intussusception, con.*  
*ileum*  
Date of onset *5/1*  
Other contributory causes of importance: *17261*

Name of operation *Lap. for relief Intus.* Date of *5/1/35*  
What test confirmed diagnosis? *OTD* Was there an autopsy? *no*

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) *A. Stewart*, M. D.  
(Address) *City Hospital*

