

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 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **Saint Louis**

(No. **Marchant-Laclede Bldg**)

File No. **18364**

Registered No. **4940**

St. **9**

Ward)

2. FULL NAME **Charles P. Badeau**

(a) Residence, No. **4226 Enright Avenue**, St., **19** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **60** 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

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5A. ~~WIDOWED, DIVORCED~~

HUSBAND OF

Edith Badeau

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown, 1863 ?**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

abt. 74

OCCUPATION

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

Barber

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).....

Unavailable

11. Total time (years) spent in this occupation.....

Unk.

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

St. Genevieve Missouri

13. NAME

Clavis Badeau

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

Unavailable Illinois

15. MAIDEN NAME

Martha Means

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

Unavailable Kentucky

17. INFORMANT (ADDRESS)

Arthur Badeau 1125 Aubert Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE

Calvary Cemetery, May 17, 1937

19. UNDERTAKER (ADDRESS)

Charles G. Bates 4107 Finney Avenue

20. DATE OF DEATH **MAY 15 1937**

J. S. Pradesch Registrar

MEDICAL CERTIFICATE OF DEATH
 No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 13, 1937**

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19....., 19..... Death is said

to have occurred on the date stated above, at **6:00 A.M.**

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

Date of onset

Cerebral Apoplexy

Other contributory causes of importance:

Arteriosclerosis

Name of operation **None**

Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) **W. H. Perry**

(Address) **1300 Clark Avenue**

Deputy Coroner

