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

Do not use this space.

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File No.

Registered No. 6597

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 6150 Oakland Avenue Deaconess Hosp St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Stillborn Badormac

(a) Residence, No. 905 Eastgate St., NP Ward. University City, Mo
(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*):

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1937

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) St. Louis, Missouri

FATHER

13. NAME John Badormac

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Illinois

MOTHER

15. MAIDEN NAME Ann Fisher

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

17. INFORMANT (ADDRESS) John Badormac 905 Eastgate

18. BURIAL, CREMATION, OR REMOVAL
PLACE Deaconess Hospital DATE 6/26 1937

19. UNDERTAKER (ADDRESS) Anatomical Board

20. FILED 1937 J. T. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1937

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1937, to Same, 19.... I last saw h— alive on Stillborn, 19.... Death is said to have occurred on the date stated above, at 11:13 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn —	6-26-37
Dysplasia	

Other contributory causes of importance:

Name of operation 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? No.
If so, specify

(Signed) [illegible] M. D.

(Address) 5427 Delmar Blvd

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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