DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34713

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 9251

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5832 E. Virginia ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5832 E. Virginia ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Julius Bader 360

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 7 (Day) 1880 (Year)

8. AGE: Years 59 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name George Bader
13. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Augusta Harthagle
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Mrs Geo Bader

(b) Address 5832 E. Virginia ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Parklawn Cemetery

18. (a) Signature of funeral director C Hoffmeister Co.

(b) Address 7814 S. Broadway

19. (a) OCT 30 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1939 hour 9 minute P M.

21. I hereby certify that I attended the deceased from May, 1937 to Oct, 1939, that I last saw him alive on Oct 2, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis

Duration ?

Auricular Fibrillation ?

Due to

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Max Starkloff (M. D. or other)

Address 512 Dover Place Date signed 10/29/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.