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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16127**
Registrar's No. **676**

Registration District No. **784** Primary Registration District No. **115**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **University City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7146 Waterman 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 years, months or days)

3. (a) PRINT FULL NAME **JOSEPH S. BADINO**
(b) If veteran, name was **unknown**
(c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Josephine Badino** 6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **Jan. 27 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **2** Days **9** If less than one day hr. min.

9. Birthplace **Pinerolo Italy**
(City, town, or county) (State or foreign country)

10. Usual occupation **Steward**

11. Industry or business **Racquet Club**

12. Name **Charles Badino**

13. Birthplace **unknown Italy**
(City, town, or county) (State or foreign country)

14. Maiden name **Farnieria**

15. Birthplace **unknown Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Jane Badino**

(b) Address **7146 Waterman Ave.**

17. (a) **Burial** (b) Date thereof **4/8/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **C. R. Lupton & Sons**

(b) Address **7233 Delmar Ave. St. Louis Mo**

19. (a) **APR - 7 1940** (b) **R. K. Meyers**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **University City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7146 Waterman Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **6th**
year **1940** hour **Seven** minute **35** P. M.

21. I hereby certify that I attended the deceased from **June 1936** to **April 6 1940**
that I last saw him alive on **April 6 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to

Due to **94-6**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Charles R. Lupton** (M. D. or other)

Address **312-12 Washington Blvd** Date signed **Apr 7 1940**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

8720 Washington
5e-4511

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

Clarence H. Murray

Licensed Embalmer No.

4011

P. O. Address

St. Louis, Mo.

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

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