

10. 2
-10-39
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

30355
7632

State File No. _____
Registrar's No. _____

Registration District No. 791 Primary Registration District No. _____

FILED OCT 23 1940

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:
5223 Vernon 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 William Henry Badger.
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. 5223 Vernon Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME William Henry Badger.
3. (c) Social Security No. none.
4. Sex Male Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May Murdoch Badger.
6. (c) Age of husband or wife if alive 71. years
7. Birth date of deceased May 26, 1866.
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 10
year 1940 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept 9
1940 to Sept 10 1940
that I last saw him in alive on Sept 10 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74. 3. 15. _____ hr. _____ min.
9. Birthplace Metropolis, Illinois.
(City, town, or county) (State or foreign country)
10. Usual occupation Physician.

Immediate cause of death Myocarditis, chronic Duration 3mo
Due to _____
Due to _____
Other conditions Arteriosclerosis 5ma
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Benjamin G. Badger.
13. Birthplace Cincinnati, Ohio.
(City, town, or county) (State or foreign country)
14. Maiden name Sophia F. Berwick.
15. Birthplace England.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN gzc
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs May M. Badger.
(b) Address 5223 Vernon Ave.
17. (a) Burial. (b) Date thereof 9/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Boulevard.
19. (a) SEP 11 1940 (b) J. P. Predeck
(Date received local registrar) (Registrar's signature)

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 J. P. Predeck (M. D. or other) _____
Address 4520 Elm St Date signed Sept 10, 40

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

Lister Building.
2 - 4 P.M.
R.O. 2866.

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 with the above constitutes grounds for revocation of license.)

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