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DEPARTMENT OF THE COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33313**

FILLED NOV 24 1941
791

Primary Registration District No. **1003**

Registrar's No. **8268**

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:
5741 Terry Avenue, /
(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

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. 5741 Terry
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHRIS W BADE
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 16
year 1941 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from Aug 16
1941 to Oct 16 - 1941
that I last saw him alive on Oct-15- 1941
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pearl Bade
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased December 12 1883
(Month) (Day) (Year)

Immediate cause of death Carcinosis of liver
Due to Chronic myocarditis
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 57 Months 10 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Truck owner
11. Industry or business self

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) _____
(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 _____

MOTHER FATHER
12. Name Christian Bade
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Bade
(b) Address 5741 Terry
17. (a) burial (b) Date thereof Oct-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery
18. (a) Signature of funeral director H. Krom & Co.
(b) Address 2707 N. Grand Blv'd
19. (a) OCT 18 1941 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Brudick (M.D. or other) M.D.
Address 5741 Terry Date signed 10-17-41
H. A. Keen

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

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..... *Paul F. Kincaid*
.....
Licensed Embalmer No. *2631*
P. O. Address..... *2207-9th*

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, fact should be so stated above.