S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22583

Registrar's No. 6196

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 weeks (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 124
(If outside city or town limits, write "RURAL")
(d) Street No. 3730 Illinois
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Julia Eleanore Bade

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Herman F. Bade

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

7. Birth date of deceased March (Month) 7 (Day) 1878 (Year)

8. AGE: Years 64 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Cleveland (City, town, or county) Ohio (State or foreign country)

10. Usual occupation ——

11. Industry or business ——

FATHER
12. Name Prof. Frederick Rechlin
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Katherine
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant H. F. Bade
(b) Address 3730 Illinois Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) JUL 22 1942 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1942 hour 3: minute 13 A.M.

21. I hereby certify that I attended the deceased from ~~July~~ May 23, 1942, to July 19, 1942, 19
that I last saw her alive on July 19, 1942, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Osteo-chondro-sarcoma Left ilium — Duration 6 mo.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

23. Signature Thos. H. Hanson (M. D. or other) M.D.
Address 3657 Grandel Square Date signed 7/29/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Theo Hamer
1 - 3
3652 Grandel Sq.

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.