. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25646

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6879

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4352 Washington Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 26 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4352 Washington Blvd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna M Badgett
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Wm S Badgett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 (Month) 16 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
69	0	28	hr. min.

9. Birthplace Mount Sterling (City, town, or county) ILL (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Andrew Hoffmannn
13. Birthplace Germany (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Felecitas Holdenmaier
15. Birthplace Mount Sterling (City, town, or county) ILL (State or foreign country)
16. (a) Informant Mrs Charles Claywell
(b) Address 4352 Washington Blvd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 16 (Day) 42 (Year)
(c) Place: burial or cremation Mount Sterling ILL
18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave
19. (a) AUG 15 1942 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th year 1942 hour 5:50 minute A M.
21. I hereby certify that I attended the deceased from March 2nd 42, to August 14th 1942
that I last saw her alive on August 12th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Adeno Carcinoma left ovary	6 months
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 J F Gallagher (M. D. ~~or other~~)
Address 3903 Olive St Date signed 8/15/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.