

S. No. 2  
M-5-42  
5-17-39  
I X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11842

State File No. ....  
4076  
Registrar's No. ....

FILED MAY 12 1943  
Registration District No. 318

Primary Registration District No. 1003

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

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:  
**City Hospital**  
(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 Badger**  
3. (b) If veteran, name war..... **no** 3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **3 Divorced**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased. **Jan 6, 1862**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**81 3 24** hr. min.

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

10. Usual occupation **retired**

11. Industry or business.....

MOTHER FATHER { 12. Name **John Badger**  
13. Birthplace **England**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Johanna Hickman**  
15. Birthplace **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. E. Palmer**  
(b) Address **3622 Shenandoah Ave.**

17. (a) **Burial** (b) Date thereof **5/3/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetery**

18. (a) Signature of funeral director **Weick Bros.**  
(b) Address **2201 S. Grand Bl.**

19. (a) **MAY 1 1943** (b) **J. F. Brescick**  
(Date received local registrar) (Registrar's signature)

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. **604 Barton St.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30**  
year **1943** hour **2** minute **40** A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Internal hemorrhage from laceration of right lung, amputation of right leg when he was struck due to by an automobile driver not known, who left the scene of the accident at intersection of Broadway and Barton St about 8:40 P.M. Apr. 29 1943**  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of autopsy.....  
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) **Homicide 0 00**  
(b) Date of occurrence **Apr. 29 1943**  
(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?  
**Public Place**  
While at work?..... (Specify type of place) (e) Means of injury **Auto**  
23. Signature **Alfred Perry** (M. D. or other)  
Address **Sanbury** Date signed **5/1/43**

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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.....

*Wm. G. Stewart*

Licensed Embalmer No..... 3722.....

P. O. Address..... 412 Duchouquette St.....

**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.**