

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
In this community 3 days 0
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999
(c) City or town Venice
(If outside city or town limits, write "RURAL")
(d) Street No. 517 Garner Road
(If rural, give location) NR.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: --- 2

3. (a) PRINT FULL NAME ROBERT BADY

3. (b) If veteran, name war: --- 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lacy Bady 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: unavailable - abt. 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt. 60 hr. min.

9. Birthplace Bellbuckle Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ---

MOTHER FATHER { 12. Name Martin Bady
13. Birthplace Unavailable Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Madeline Cother
15. Birthplace Unavailable Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Kitrell
(b) Address 1710 Goode Avenue

17. (a) Burial (b) Date thereof 11/18/1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) NOV 16 1943 (b) J. F. Brudick
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th
year 1943 hour 9: minute 30 A. M.

21. I hereby certify that I attended the deceased from 10/1/43
1943 that I last saw him alive on 11/12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Due to myocarditis

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? _____

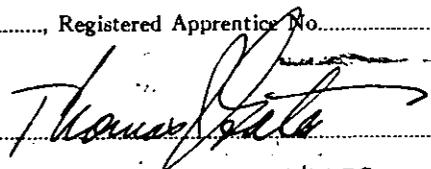
While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature X Edgar F. Wardson (M. D. or other) MD
Address 930 N. 2nd St Date signed 11/13/43

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.....

..... Thomas J. Gates, Registered Apprentice No.
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 4259

P. O. Address..... 4107 Finney Avenue

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.