

FILED SEP 20 1944 8

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **7846**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(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. 3144 S. Compton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph L. Badaracco

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-05-0020

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

6. (b) Name of husband or wife Sibyl Badaracco 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Sept. 6 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>0</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Chauffeur

11. Industry or business _____

12. Name Joseph Badaracco

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Clara Dietrich

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Sibyl Badaracco

(b) Address 3144 S. Compton

17. (a) Burial (b) Date thereof 9-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director: Thos. Kutis & Son

(b) Address 2906 Lavoisier

19. (a) SEP 12 1944 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1944 hour 3 minute 55P. M.

21. I hereby certify that I attended the deceased from 8-29, 1944 to 9-10, 1944
that I last saw him alive on 9-10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Duodenal ulcer (Post-operative)
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Primarily duodenal ulcer into pancreas
Of operations _____
Of autopsy _____

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 _____

23. Signature Norman (M.D. or other) _____
Address 4500 Olive St. Date signed 9-11-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 2 1945

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 *David Van Fossan*
Licensed Embalmer No. *4282*
P. O. Address *2906 Garrison*

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.