V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25395

FILED SEP 7 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7568

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: 2024 Carr St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 27 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1721
(If outside city or town limits, write "RURAL")
(d) Street No. 2024 Carr St.
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Winnie Bady
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Fem. 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Allen Bady
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 25, 1867 (Month) (Day) (Year)
8. AGE: Years 78 Months 3 Days 1 If less than one day hr. min.
9. Birthplace Elmo County (City, town, or county) Alabama (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name Tony Buyck
13. Birthplace Alabama (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Ruben Ward
(b) Address 2024 Carr St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/31/45 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill.
18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Lacede Ave
19. (a) AUG 30 1945 (Date received local registrar) (b) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1945 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from Aug 20, 1945, to Aug 26, 1945, that I last saw h alive on Aug 26, 1945, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary thrombosis
Due to Heart Card
Due to Bronchial asthma
Due to Ch. Bronchitis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 94
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 O
23. Signature Gustave J. Roth (M. D. or other)
Address Jefferson City, Mo. Date signed 8/28/45

(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 Melvin Edward Green, Registered Apprentice No. 383, working under my personal supervision.

Signed P. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Ave

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.