S. No. 2
—8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22370

FILED JUL 8 1946

Registration District No. 8 / 9

Primary Registration District No. 4469

Registrar's No. 44

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

21239

1. PLACE OF DEATH:

(a) County Ste. Genevieve

(b) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ste. Gen 95

(c) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL")

(d) Street No. ..... /
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) /

If yes, name country ..... /

3. (a) PRINT FULL NAME LENA J BADER

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband ~~or wife~~ Joseph M Bader

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April (Month) 19 (Day) 1873 (Year)

8. AGE: Years 73 | Months 2 | Days 3 | If less than one day ..... hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Christus Dallas
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Frances Kiefer
15. Birthplace Baden (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Otto Vessell
(b) Address Chaffee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Ste. Genevieve Mo

18. (a) Signature of funeral director Jerome F Stauder
(b) Address Ste Genevieve, Mo

19. (a) 6-25-46 (Date received local registrar) (b) Teresa M. Karl Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1946 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 2, 1943 to June 19, 1946 that I last saw her alive on June 19, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	7 days
Due to Arterio Sclerosis with	10 yrs
Due to Hypertension	
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 Arthur E Weaver (M. D. or other) M.D.

Address Ste. Genevieve Mo Date signed 6-24-46

350

(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 Jerome H. Scanlon

Licensed Embalmer No. 3817

P. O. Address Ste Genevieve, M

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.