No. 2
12-45
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34910

FILED OCT 28 1946 #9443

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8962

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital- ax C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ½ week (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. 5905 Highland Avenue.
Memorial (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CLARA BADGER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daniel H. Badger.

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December 8, 1878.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	10	8	hr. min.

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

10. Usual occupation Housewife.

11. Industry or business

FATHER

12. Name James Duggan.

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

MOTHER

14. Maiden name Emma V. Cockrill.

15. Birthplace Harpers Ferry. (City, town, or county) W. Virginia. (State or foreign country)

16. (a) Informant Mr. Daniel H. Badger.

(b) Address 5905 Highland Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-1946. (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) OCT 19 1946 (Date received local registrar) (b) J. F. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th year 1946 hour 8:35 minute P M.

21. I hereby certify that I attended the deceased from 10/7/46, 19, to Oct. 16th, 19 46 that I last saw her alive on Oct. 16th, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis

Due to Perforation of ileum & cecum

Due to Carcinoma of cecum c metastasis to liver - multiple

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above

Of autopsy NO

Duration

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 yes or no)

While at work? (Specify yes or no)

23. Signature 1515 Lafayette (M.D. or other) 10/17/46
Address Date signed

(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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.