

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **24075**
Registrar's No. **6838**

FILED AUG 12 1948

Registration District No. **318**Primary Registration District No. **1003**

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: Mo. Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME GEORGE A. BADGLEY

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Late Adele
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 25 1885
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 7 6 _____ hr. _____ min.

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

10. Usual occupation Sole Cutter11. Industry or business International Shoe Co.12. Name William Badgley

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

14. Maiden name Alice Sedgely

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

16. (a) Informant Marie Davis(b) Address 3423 Itaska St.

17. (a) Burial (b) Date thereof 8 - 4 - 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Kriegshauser Und. Co.(b) Address 4228 So. Kingshighway Bl

19. (a) AUG 4 - 1948 (b) J. F. Buddeck
 (Date received for burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3423 Itaska St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
 year 1948 hour 11:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 1948 to July 31 1948
 that I last saw him alive on July 31 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary occlusion
 Due to arteriosclerotic heart disease
 Due to _____

Other conditions gangrene right leg
 (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)
 (e) Means of injury _____

23. Signature J. F. Beraman (M. D. or other) M. D.Address 3720 Washington Date signed 8/3/48

8889

203

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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.