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

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5594		Registrar's No. 93			
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY 2219					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MERAMEC		c. LENGTH OF STAY (In this place) 1 YR.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		d. STREET ADDRESS (If rural, give location) 1515 A. CLINTON ST.			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INF.									
3. NAME OF DECEASED (Type or Print) SACHARY			a. (First)		b. (Middle) BADER		c. (Last)		
4. DATE OF DEATH, 12 21 1950		(Month) (Day) (Year)		5. SEX M		6. COLOR OR RACE W			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2		8. DATE OF BIRTH 12/13/1971		9. AGE (In years last birthday) 79		10. MONTHS 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CABINET MAKER		10b. KIND OF BUSINESS OR INDUSTRY FURNITURE FACTORY		11. BIRTHPLACE (State or foreign country) GERMANY 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME MARTIN BADER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MATILDA KIRCHHOFF					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-053843		17. INFORMANT'S SIGNATURE OR NAME Bro. Paschal, Eureka, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC INSUFFICIENCY ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC MYOCARDITIS DUE TO (c) GENERALISED ARTERIO II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SCLEROSIS				INTERVAL BETWEEN ONSET AND DEATH 1221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from DEC 3, 1948, to DEC. 16, 1950, that I last saw the deceased alive on DEC. 18, 1950, and that death occurred at 12:45 p. m., from the causes and on the date stated above.									
23a. SIGNATURE R. W. Masden Jr.				23b. ADDRESS 4323 ROLAND DRIVE		23c. DATE SIGNED 12/21/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/26/50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo			
DATE REC'D BY LOCAL REG. 12/30/50		REGISTRAR'S SIGNATURE Mrs. Ruth Jirsa		25. FUNERAL DIRECTOR'S SIGNATURE John Broehlund		ADDRESS 1827 Hogan			

JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED 1-3-51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Joe Binkley

Licensed Embalmer No. 3653

Signed.....
Student Embalmer

P. O. Address *St. Louis Mo*

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.