

No. 300  
10-48

**BADER**  
FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10836**

4006  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <b>3.7</b>	PRIMARY REG. DIST. NO. <b>2002</b>	Registrar's No. <b>876</b>
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>University City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b> <b>4346</b>		
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>7019 Forsyth Blvd.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7019 Forsyth Blvd.</b>		d. STREET ADDRESS (If rural, give location) <b>7019 Forsyth Blvd.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alphonse</b>		b. (Middle) <b>J.</b>		c. (Last) <b>Bader</b>
4. DATE OF DEATH <b>Apr. 4, 1951</b>		4. DATE (Month) (Day) (Year)		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>	8. DATE OF BIRTH <b>Feb. 20, 1882</b>	9. AGE (In years last birthday) <b>69</b>
10a. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired) <b>Retired—Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
12. CITIZENRY OF WHAT COUNTRY? <b>U.S.</b>		12. CITIZENRY OF WHAT COUNTRY?		
13a. FATHER'S NAME <b>Louis Bader</b>		13b. MOTHER'S MAIDEN NAME <b>Francesca Dold</b>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Gordon Bader, 1000 North Drive</b>
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) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH: <b>7 hrs</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		<b>?</b>
		DUE TO (c) <b>Hypertension</b>		<b>7 hrs</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>3314</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>none</b>
22. I hereby certify that I attended the deceased from <b>Aug</b> , 19 <b>50</b> , to <b>4.4</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>4.4</b> , 19 <b>51</b> , and that death occurred at <b>4:25 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>M. Stoeckle</b>		23b. ADDRESS <b>M. I. O. 7124 Natural Bridge</b>		23c. DATE SIGNED <b>4-5-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 7, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
				24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>4/5/51</b>		REGISTRAR'S SIGNATURE <b>Herbert P. ...</b>		FUNERAL DIRECTOR'S SIGNATURE <b>W. Donnelly</b> ADDRESS <b>3840 Lindell Blvd.</b>

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Thomas R. Jenwick

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.