

No. 300 51 MAR 8 1952 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5938

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY PERRY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY ST. GENEVIEVE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PERRYVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ST. GENEVIEVE 0954	
c. LENGTH OF STAY (in this place) 6 HRS		d. STREET ADDRESS (If rural, give location) RR 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION PERRY CO. MEMORIAL HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) LEONARD b. (Middle) GODFRED c. (Last) BADER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 3 1952		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH NOV 8 1913		9. AGE (In years last birthday) 38		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. GENEVIEVE	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME MAX J. BADER		13b. MOTHER'S MAIDEN NAME SOPHIA RUDLOFF		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499-20-8793		17. INFORMANT'S SIGNATURE OR NAME Joseph W. Bader Sr. St. Genevieve Mo ADDRESS RR 2	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PENDING			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ? DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #25		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Genevieve St. Genevieve MO	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAR 3 1952 2:55 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Collision	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:55 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE C. M. Weidman (Degree or title) 3		23b. ADDRESS Perryville Mo.		23c. DATE SIGNED 3/5/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL (1)		24b. DATE MARCH 5 1952		24c. NAME OF CEMETERY OR CREMATORY VALLE SPRING	
				24d. LOCATION (City, town, or county) (State) ST. GENEVIEVE MO	

DATE REC'D BY LOCAL REG. 3-5-52		REGISTRAR'S SIGNATURE Joseph J. Zollner 250		25. FUNERAL DIRECTOR'S SIGNATURE Joseph W. Bader Sr. St. Genevieve Mo ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 15 1962

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 *Adrian J. Ehler*

Licensed Embalmer No. *4740*

P. O. Address *Ste. Genesee, 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.