

FILED SEP 27 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 30228

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 148

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Franklin</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Washington</u>  |  | c. LENGTH OF STAY (in this place)<br><u>2 hrs.</u>  |  | c. CITY OR TOWN<br><u>St. Clair</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St. Francis Hospital</u>   |  |   |  | e. STREET ADDRESS (If rural, give location)<br><u>Davis St.</u>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Elmer</u>  |  | b. (Middle) <u>Mathais</u>  |  | c. (Last) <u>Bader</u>   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Sept. 20 54</u>  |  |
| 5. SEX<br><u>Male</u>  |  | 6. COLOR OR RACE<br><u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>   |  | 8. DATE OF BIRTH<br><u>December 6, 1899</u>   |  |
| 9. AGE (In years last birthday)<br><u>54</u>   |  | 10. MONTHS<br><u>9</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>St. Louis, Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Salesman</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Restaurant</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>St. Louis, Mo.</u>  |  |   |  |
| 13a. FATHER'S NAME<br><u>Mathais Bader</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>unknown</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Mabel Pierce</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>No.</u>  |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)<br><u>489-03-2201</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Naomi A. Bader</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arterio Sclerosis</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 hrs</u><br><u>2 weeks</u>  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>4201</u>   |  |  |  | 20. AUTOPSY?<br>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) (m.)   |  | 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 <u>9-20</u> , 19 <u>54</u> , to <u>9-20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-20</u> , 19 <u>54</u> , and that death occurred at <u>12:05 P. m.</u> , from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE<br><u>B. J. Steinhilber</u>   |  |   |  | 23b. ADDRESS<br><u>H. B. O. Union, Mo.</u>   |  | 23c. DATE SIGNED<br><u>9-23-54</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>9/23/54</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Propect Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kondell (Franklin) Mo.</u>  |  |
| DATE REC'D BY LOCAL REG.<br><u>9/23/54</u>   |  | REGISTRAR'S SIGNATURE<br><u>F. L. Steinhilber</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Shirley M. Ketchell</u>   |  | ADDRESS<br><u>St. Clair, Mo.</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 24 1954

**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.....  
Signature of Student Embalmer

Signed *Sherrill W. Mitchell*

Licensed Embalmer No. *387*

P. O. Address *St. Clair*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

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