

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 27 1957

41704
STATE FILE NUMBER
11033

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 11033

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarinate Word Hospital		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 6610 Fyler Avenue.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Daniel Gottfried Bade				4. DATE OF DEATH Month Day Year November 15, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 11, 1901	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Oil Company		11. BIRTHPLACE (City and state or country) Berger, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME August L. Bade			13b. MOTHER'S MAIDEN NAME Rose Schneider			14. NAME OF HUSBAND OR WIFE Alice Bade	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. 702-07-5037		17. INFORMANT Address Mrs. Alice Bade, 6610 Fyler Avenue.,			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION						INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerotic Heart Dts.							
DUE TO (c) Shock. 420.0							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Auto in 2nd Curve Jag in 2nd Curve Dyerty 11/9/57</i>				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from Nov. 14, 57 to Nov. 15, 1957 and last saw ^{him} alive on Nov. 14, 1957 Death occurred at 4:40 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Carlo Laisolo, M.D.</i>				22b. ADDRESS 3284 Ivanhoe		22c. DATE SIGNED 11/18/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-19-57	23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		23d. LOCATION (City, town, or county) (State) Berger, Missouri.		
24. FUNERAL DIRECTOR ADDRESS Paul H. Blumer, Berger, Missouri.				25. DATE RECD. BY LOCAL REG. NOV 18 57		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> m 80	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Missouri
 St. Louis
 6610 Fifer Avenue
 November 14, 1957
 Daniel
 Gottfried
 Bader
 Male
 white
 Maintenance
 Oil Company
 Berger, Missouri
 U.S.A.
 August 1. Bader
 Rose Schneider
 Alice Bader
 Mrs. Alice Bader, 6610 Fifer Avenue
 202-07-2037
 Will
 No

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 *Stanley H. Dixon*
 Licensed Embalmer No. *24193*
 P. O. Address: *St. Louis*

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. 11-19-57
 If this body is not embalmed, fact should be so stated above.

Paul H. Bismar, Embalmer, Missouri.