

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**MAR 12 1936**

**791**

**8053**

**1. PLACE OF DEATH**

County..... Registration District No. **1008**  
Township..... Primary Registration District No. ....  
City **St. Louis Mo.** (No. **St. Luke Hospital**) St. .... Ward)

File No. ....  
Registered No. **1725**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **Cape Girardeau Mo.** Ward. **NR**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan 23 1874</b>		
7. AGE YEARS <b>62</b>	MONTHS <b>0</b>	DAYS <b>23</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Chiropractor</b>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Cape Girardeau Mo.</b>		
13. NAME <b>William Bader</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
15. MAIDEN NAME <b>Amelia Gabel</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
17. INFORMANT (ADDRESS) <b>Louis Bader 443 Perry Ave Cape Girardeau Mo</b>		
18. BURIAL, CREMATION, OR REMOVAL <b>Cape Girardeau Mo Feb 15 1936</b>		
19. UNDERTAKER (ADDRESS) <b>J. J. Quinn 1153 S. Grand St. Cape Girardeau Mo</b>		
20. FILED <b>J. Predeck Registrar</b>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-15-1936**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 8**, 19**36** to **Feb 15**, 19**36**  
I last saw h. i. m. alive on **Feb 15**, 19**36** Death is said to have occurred on the date stated above, at **5:50** a. m.  
The principal cause of death and related causes of importance were as follows:  
**Cerebellar Tumor Benign** Date of onset **Feb 8-26**

Other contributory causes of importance: **54**

Name of operation **Micropsection** Date of **FEB 27**  
What test confirmed diagnosis? ..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) **E. C. Sunderman** M. D.  
(Address) **St. Luke Hospital**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

