DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37815

DEC 13 791

Registration District No. 1008

Primary Registration District No.

Registrar's No. 9654

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3360 S. Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
In this community 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3360 S. Jefferson
(If rural, give location)

(e) If foreign-born, how long in U.S. Mary Shipman years.

3. (a) PRINT FULL NAME Oscar Badewitz 332

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ---

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased December (Month) 27 (Day) 1884 (Year)

8. AGE: Years 54 Months 10 Days 13 If less than one day ... hr. ... min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Carpenter 6

11. Industry or business 6

FATHER
12. Name Oscar Badewitz
13. Birthplace (City, town, or county) Germany 6 (State or foreign country)

MOTHER
14. Maiden name Helen
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Martha Badewitz

(b) Address 3661 Hartford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/39 (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 2331 S. Broadway

19. (a) NOV 13 1939 (Date received local registrar) J. F. Buedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 year 1939 hour 7 minute 45a M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) AZN

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work (e) Means of injury

23. Signature (M. D. or other)

Address Date signed 11/13 39

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER—USE UNFADING BLACK INK—MAKE 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.

1 X19511

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.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed Robert C Wheeler

Licensed Embalmer No. 2178

P. O. Address St Louis 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, above space should be left blank.