

S. No. 2
OM-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11843

State File No.

FILED MAY 3 1943
Registration District No. 518

Primary Registration District No. 1003

Registrar's No. 3786

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 4356 N. Market (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katherine Bady

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race Col. 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife Wallace Bady 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Jan. 8 1898 (Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation House maid

11. Industry or business

12. Name George Summers
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Walter Bady
(b) Address 4356 - N - Market
17. (a) Burial (b) Date thereof 4-26-43 (City or town) (County) (State)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation W. GREENWOOD CEM.

18. (a) Signature of funeral director Mandel Und. Co.
(b) Address 4356 - N - Market Ave
19. (a) APR 23 1943 (b) J. J. Budick (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21, year 1943 hour 3 minute 05 A. M.

21. I hereby certify that I attended the deceased from March 23, 1943 to April 21, 1943; that I last saw her alive on April 21, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of Left Breast Duration abt. 6 years

Due to 50

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature C. R. Murray (M. D. or other) Address Date signed 4/23/43

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

MOTHER FATHER

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.....
William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell
Licensed Embalmer No. 2114
P. O. Address.....

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.