

FILED JUN 20 1946 STANDARD CERTIFICATE OF DEATH

State File No. **21503**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5164**

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1406 Olive St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1406 Olive St. 9
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Ceresa Badaracco

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

Female 15. Color Wh 6. (a) Single, widowed, married, divorced Single
 4. Sex Female race Wh

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased August 3 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 5 If less than one day
 hr. min.

9. Birthplace St. Louis Mo
(City, town or county) (State or foreign country)

10. Usual occupation St. Louisist

11. Industry or business.....

12. Name Joseph Badaracco

13. Birthplace Italy
(City, town or county) (State or foreign country)

14. Maiden name Margherita Repetto

15. Birthplace Italy
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Ruth B. Gandolfo

(b) Address 1406 Olive St.

17. (a) Burial (b) Date thereof 6-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director John J. Murray

(b) Address 1225 Union Blvd

19. (a) JUN 19 1946 J. F. Brueck
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
 year 1946 hour 5:10 minute P. M.

21. I hereby certify that I attended the deceased from June
 1946 to June 1946
 that I last saw her alive on June 8 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
mitral Regurgitation
 Due to Chronic cholecystitis
 Due to infected + bad teeth

Duration
5 years
5 years
2 years
74 years

Other conditions Arthritis spine joints
(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 Charles R. Culman (M. D. or other).....
 Address 5793 Cabanne ave Date signed 6/10/46

Mr. Wm. Wilkinson
5183 Balmire

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..... *Wm. Wilkinson*

Licensed Embalmer No..... *3575*

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.