

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28814

State File No. _____

318
FILED SEP 2 1947 318

Primary Registration District No. 1003

Registrar's No. 7816

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 Days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999

(c) City or town Roxana
(If outside city or town limits, write "RURAL")

(d) Street No. 208 Elm St.
N.R.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country _____

3. (a) PRINT FULL NAME Brian Lee Badman

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th
year 1947 hour 3 minute 55 a.m.

21. I hereby certify that I attended the deceased from 7-12, 1947, to 8-17, 1947.

that I last saw him alive on August 17, 1947, and that death occurred on the date and hour stated above.

4. Sex Male race White

5. Color or race _____

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

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

7. Birth date of deceased July 6 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	---	1	11	hr. min.

Immediate cause of death Generalized Peritonitis due to Intestinal Obstruction, partial? 4-5 inch

Duration _____

Due to _____

Due to _____

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

10. Usual occupation None

11. Industry or business None

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

1577

MOTHER FATHER

12. Name Lee Hale Badman

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

14. Maiden name Vivian Baker

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

16. (a) Informant Miles Hynes

(b) Address 209 Ecton Ave Wood River, Ill.

17. (a) Burial (b) Date thereof Aug. 18, 1947
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood River, Illinois

18. (a) Signature of funeral director Robert H. Streep

(b) Address 2521 Edwards St. Alton, Ill.

19. (a) AUG 18 1947 J. P. Brodeur
(Date received local registrar) (Registrar's signature)

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 0

23. Signature K. J. Blotter (M. D. or other) _____

Address 107 S. Kemp Date signed _____

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

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 H. Streepker*.....
Licensed Embalmer No. *2474*.....
P. O. Address..... *Alton, Ill.*.....

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.