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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20626  
Registrar's No. 6055

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County.....  
(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 Barnes Hospital, 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
In this community 43 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4115 North 22nd Street  
20 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Irene Francis Bade  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 7  
year 1948 hour 8 minute 40 AM  
21. I hereby certify that I attended the deceased from June 24,  
1948, to July 7, 1948,  
that I last saw h. er alive on July 7, 1948,  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clarence F. Bade  
6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased February 20, 1905  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
43 4 17 hr. min.

Immediate cause of death Uremia  
Due to Chronic glomerulonephritis  
Due to.....  
Other conditions 1/21  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy As above

MOTHER FATHER  
9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home  
11. Industry or business.....  
12. Name Frank Zellinger  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Kienn  
15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
16. (a) Informant Clarence F. Bade  
(b) Address 4115 North 22nd Street  
17. (a) Burial (b) Date thereof July 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Bethlehem Cemetery  
Beiderwieden F. H., Inc.  
18. (a) Signature of funeral director 1936 St. Louis Avenue  
(b) Address.....  
19. (a) JUL 8 1948 J. F. Breese  
(Date received local registrar) (Registrar's signature)

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 F. R. Bradley (M. D. or other)  
Address Barnes Hospital Date signed 7/7/48

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

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**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..... *May L Warfel* .....

Licensed Embalmer No. .... *4170* .....

P. O. Address..... *1936 St Louis Ave* .....

**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.**