FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24074

Registrar's No. 6565

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: Marian Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1835 S. 13th. St. 9
(If rural, give location)

(e) Citizen of foreign country? 23 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MAMIE BADEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 27, 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	2	28	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Charles Dailey

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

14. Maiden name Ida Ragsdale

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

16. (a) Informant Edith Acuff

(b) Address 9517 West Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/48 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director CHULICK FUNERAL HOME

(b) Address 1722 S. Jefferson Ave

19. (a) JUL 26 1948 (Date received by Registrar) (b) J. Brubeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1948 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 11, 1948 to July 25, 1948; that I last saw her alive on July 24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of upper abdomen	8 months
Primary site - not known	
Due to	
Due to	
Other conditions (include pregnancy within 3 months of death) Edema of abdomen and lower extremities	

55

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 Leroy E. Ellison (M. D. or other) MD

Address 3610 Lo Broadway St Louis Mo Date signed 7-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Alex A. Chulick Jr

Licensed Embalmer No.....4143

P. O. Addres 1722 S. Jeff

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.