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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33884
8665

State File No. 8665
Registrar's No.

Registration District No. Primary Registration District No. 1003

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: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis Bader
3. (b) If veteran, name war none
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased July 23 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 2 11 hr. min.

9. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk
Water Department

11. Industry or business

12. Name Walter Bader
13. Birthplace Unk Germany
(City, town, or county) (State or foreign country)

14. Maiden name Amelie Igle
15. Birthplace Unk Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Jahn
(b) Address 7356 Balson Ave.

17. (a) Burial (b) Date thereof 10/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director
(b) Address 1389 Union Blvd.

19. (a) OCT 5 1948 (b) J. B. Lasata
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7356 Balson 5
(If rural, give location) N.R. 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1948 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 29 to Oct 4 1948
that I last saw him alive on Oct 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
apoplexy 16.95
Duration

Due to
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) (c) Means of injury

23. Signature J. B. Lasata Date signed Oct 5 1948
Address 539 N. Grand

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

MOTHER FATHER

589

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..... *Ronald Yahrke*
Licensed Embalmer No..... *3917*
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.