

No. 300
10-48

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13082**
Registrar's No. **3065**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 443rd WILMINGTON AVE.		d. STREET ADDRESS (If rural, give location) 443rd WILMINGTON AVE.	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) FREDERICK c. (Last) BADÉ SR.		4. DATE OF DEATH (Month) (Day) (Year) APRIL 4, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 11, 1879
9. AGE (In years last birthday) 76	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OTHER RETIRED	10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch	11. BIRTHPLACE (State or foreign country) Berger, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Fred C. Badé	
13b. MOTHER'S MAIDEN NAME Johanna Menke		14. NAME OF HUSBAND OR WIFE Mary Badé	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-01-5220	
17. INFORMANT'S SIGNATURE OR NAME Mary Badé		ADDRESS 443rd WILMINGTON	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 4222		22. I hereby certify that I attended the deceased from 3-27-1955 to 4-4-1955 , that I last saw the deceased alive on 4-4-1955 , and that death occurred at 5:50 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) John O. Smith M.D.		23b. ADDRESS 3739 Beaman	
23c. DATE SIGNED 4-5-55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE April 7, 1955		24c. NAME OF CEMETERY OR CREMATORY ST. Matthew's Cemetery	
24d. LOCATION (City, town, or county) (State) ST. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W. W. Witherspoon	
DATE REC'D BY LOCAL REG. APR 6 1955		ADDRESS 2929 S. Jefferson	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed A. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 S. Jefferson 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.