

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1957

18414
STATE FILE NUMBER
5032

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis 28</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>2115 North 4th St. St. Louis</u> <u>2/6/57</u>				STREET ADDRESS <u>2816 Belt Ave</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Badolato</u> Last <u>Badolato</u>				4. DATE OF DEATH Month <u>May</u> Day <u>27</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>Married</u> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 24, 1898</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u> Hours <u>5</u> Min. <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Spaghetti Mgr.</u>		11. BIRTHPLACE (City and state or country) <u>Italy</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Spaghetti Mgr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Spaghetti Factory</u>		11. BIRTHPLACE (City and state or country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Rosario Badolato</u>				14. MOTHER'S MAIDEN NAME <u>Anna Puleo</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Frances Badolato 2816 Belt Ave</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strangulation by Hanging when deceased</u> <u>Hanged self in Salage in rear of 2816</u> Belts on May 27, 1957 while suffering Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Temporary Mental Aberration</u> DUE TO (b) <u>Belts on May 27, 1957 while suffering</u> DUE TO (c) <u>Temporary Mental Aberration</u>						INTERVAL BETWEEN ONSET AND DEATH <u>E 974 x</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Sea atre</u>				
20c. TIME OF INJURY Hour <u>5</u> Month <u>5</u> Day <u>27</u> Year <u>1957</u> a. m. <u>5</u> p. m. <u>27</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY		20h. STATE			
21. I attended the deceased from <u>4/4 P.</u> to <u>4/4 P.</u> and last saw her/him alive on <u>4/4 P.</u> Death occurred at <u>4/4 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Print or type) <u>Patrick Taylor Carson</u>				22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>5-27-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 31, 57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
24. FUNERAL DIRECTOR <u>Miceli & Sons Funeral Home</u>				25. DATE RECD. BY LOCAL REG. <u>MAY 29 '57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>	

1150 N. Kingshighway (Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300-56
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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed *J W Bembles*

Licensed Embalmer No. *36*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.