WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35089

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10069

City St. Louis, (No. 4967 Page av. St. ..... Ward)

2. FULL NAME Robert C. Bradley, 1

(a) Residence. No. ..... St., 6 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Bradley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1861 - 10 - 26

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	11	16	

8. OCCUPATION OF DECEASED 131 97

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) General merchant

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Libertyville, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Carrel Bradley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Martha Mynatt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT ~~Mrs. Mary Bradley~~ Mrs Mary Bradly
(Address) 4967 Page av.

15. FILED OCT 13 1928, 19 Mayl Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 12 19 28

17. I HEREBY CERTIFY, That I attended deceased from Sep 14 - 1928, to 10-12- 1928 that I last saw him alive on Oct 1928, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio Sclerosis

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1290

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical & Laboratory

(Signed) John de Pas, M. D

10/12, 19 28 (Address) 6249 Washington av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Doe Run, Mo. DATE OF BURIAL 10/14/28 19

20. UNDERTAKER Robt. J. Ambruster 7124 Forsythe ADDRESS
Robt. J. Ambruster.

JUN 14 1958