

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

Do not use this space.

42876

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 701
7003
Primary Registration District No. Baptist Hosp.

File No. 12672
Registered No.
St. Ward)

2. FULL NAME

Ralph A. Bridge
(a) Residence. No. Little Rock Ark St. 12 Ward.
(Usual place of abode)

Little Rock Ark
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lara Bridge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 16 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 9 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Jewelry Salesman
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer Frank Bridge Co

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ill

10. NAME OF FATHER Herschel Bridge

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

12. MAIDEN NAME OF MOTHER Ella Peiper

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

14. INFORMANT Frank A. Bridge
(Address) 208 S 5th St Springfield Ill

15. FILED DEC 29 1929 W. C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1929

17. I HEREBY CERTIFY, That I attended deceased from 12/24 1929, to 12/27 1929 that I last saw h..... alive on 12/27 1929, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lympho-sarcoma
Epithelioma
Chc G (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Jewelry
(Signed) R. K. Lewis M. D.

1720, 1929 (Address) Wall Bldg

*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 DATE OF BURIAL

Springfield Ill Dec 30, 1929

20. UNDERTAKER ADDRESS

A. Kron & N. Co 2787 M
Grand Blvd

X. 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.

