

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

Do not use this space.

29520

**1. PLACE OF DEATH**

County St. Louis, Mo Registration District No. 2  
 Township City Hospital Primary Registration District No. 2  
 City St. Louis, Mo (No. City Hospital) St. 2 Ward 11

File No. 8544  
 Registered No. 8544  
 St. 2 Ward 11

**2. FULL NAME**

(a) Residence, No. 4243 1/2 Finney St. Ward. 11  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Lenna Bradley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-3-1883</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>10</u>	DAYS <u>1</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Butcher</u>		
10. Date deceased last worked at this occupation (month and year) <u>unknown</u>		11. Total time (years) spent in this occupation <u>unknown</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>		
13. NAME <u>J. H. Bradley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Sarah Rhodes</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>		
17. INFORMANT <u>A. K. Wade</u> # <u>2</u> (ADDRESS) <u>City Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father O'Brien</u> DATE <u>8-'8</u> 19 <u>31</u>		
19. UNDERTAKER <u>W. S. Wade and Co.</u> (ADDRESS) <u>4202 1/2 Finney St.</u>		
20. FILED <u>6</u> 19 <u>31</u> <u>Ray W. Harlow</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-8 1931 to 8-4 1931  
 I last saw him alive on 8-4 1931 Death is said to have occurred on the date stated above, at 10:45 m.  
 The principal cause of death and related causes of importance were as follows:  
Subar Pneumonia edema  
137  
108  
135A  
 Other contributory causes of importance:  
noy per tripping Pisstate  
 Name of operator Supra Public Gistomy Date of 7-13-31  
 What test confirmed diagnosis? Specimen Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Almy E. Hampton, M. D.  
 (Address) City Hospital #2

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.

MAILED & RESERVED FOR BINDING

