

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. Barnes) Hospital

Registration District No. 791
Primary Registration District No. 1003

File No. 6413
Registered No. 1239
St. Ward)

2. FULL NAME Hoace Theodore Bradley

(a) Residence, No. St. NR Ward. Pineknolls Ill
(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 <u>M</u>	4. COLOR OR RACE <u>W</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>Maie Bradley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April - 26 - 1885</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>9</u>
	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railway mail clerk</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) <u>1932</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Denmark
(STATE OR COUNTRY) (see)

13. NAME Theodore Bradley

14. BIRTHPLACE (CITY OR TOWN) see
(STATE OR COUNTRY)

15. MAIDEN NAME Lamb

16. BIRTHPLACE (CITY OR TOWN) see
(STATE OR COUNTRY)

17. INFORMANT Dr. Frank Bradley
(ADDRESS) Barnes Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barnes Hospital DATE Feb 4 1934

19. UNDERTAKER Albert W. H. H. H.
(ADDRESS) 439 N. 4th St.

20. FILED FEB - 27 1934
J. H. Redeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-2-34 7:55 AM, 1934, to 2-2-1934

I last saw h. in alive on 2-2-1934. Death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

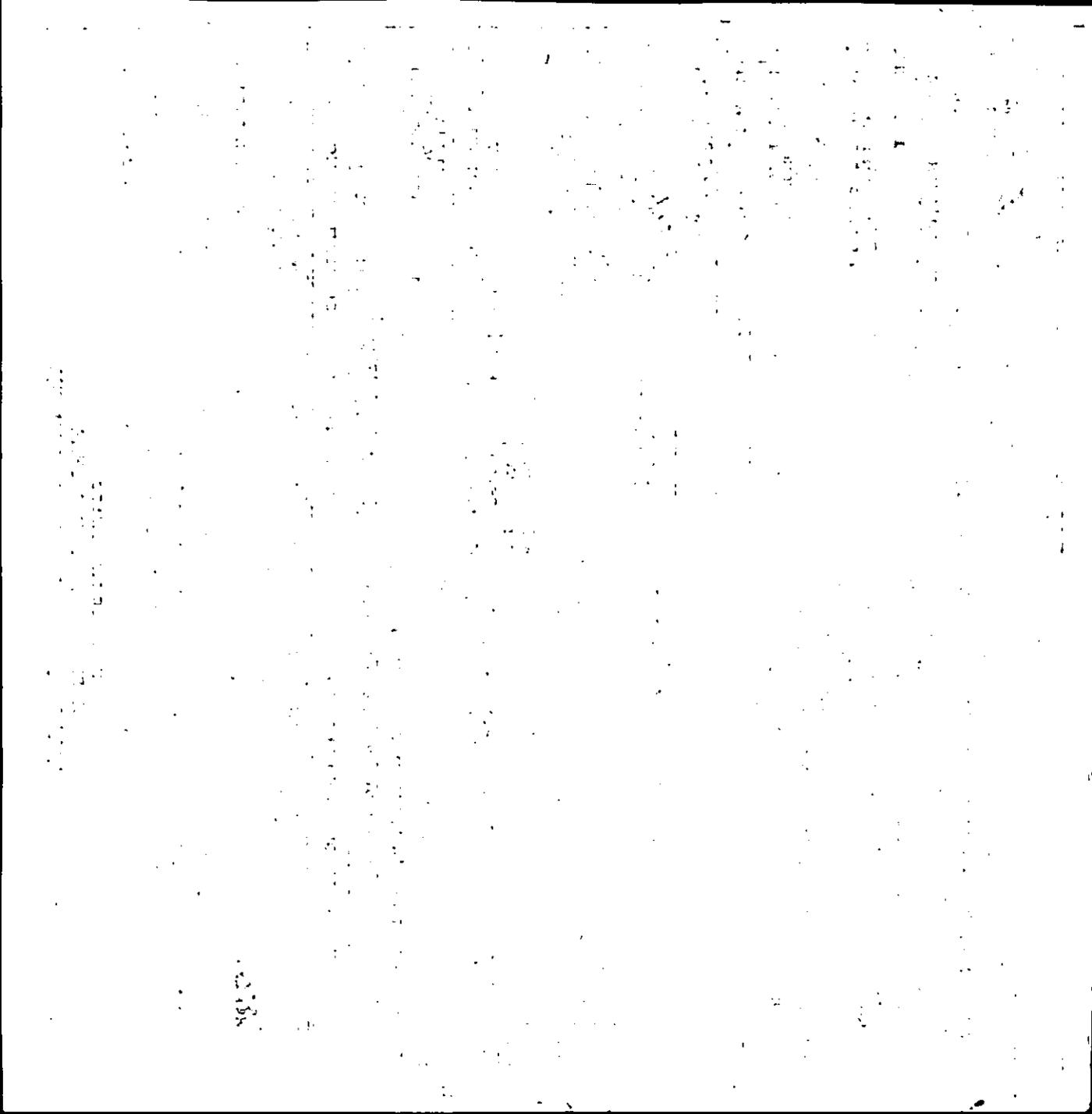
Cardiac failure
Arrhythmia fibrillation
175A
175A
175A
Other contributory causes of importance:
Digitalis intoxication

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) C. M. Charles M.D.
(Address) Barnes Hospital



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No.....)

File No.....

Registered No. 1239

St..... Ward.....

2. FULL NAME

Horace Theodore Bradley

(a) Residence, No..... St..... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS 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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 12 11 19

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Coronary Failure
Arteriosclerotic degeneration

Date of onset

Other contributory causes of importance:

Disruptive perforation
Accidental, by over-exercising

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

H. Bradley
Registrar

S-6413