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.

JAN 26 1937

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

Do not use this space.

46042

1. PLACE OF DEATH

County St Louis. Registration District No. 786 File No.

Township Jefferson. Primary Registration District No. 4469 Registered No. 92

City Maplewood (No. 7727 Jerome Ave. St. Ward)

2. FULL NAME James A. Bridwell

(a) Residence, No. 7727 Jerome Ave. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7th. 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
66	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tile Moulder

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) Missouri

FATHER

13. NAME John w. Bridwell

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

MOTHER

15. MAIDEN NAME Emilie Sewal

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

17. INFORMANT Anna Bridwell
(ADDRESS) 7727 Jerome, Maplewood Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Dec. 24 1936

19. UNDERTAKER [signature] Funeral Home
(ADDRESS) 7456 Manchester Ave. Maplewood, Mo.

20. FILED Jan 10 1936 Pauline Bertenstein
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22nd. 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10 P. m.

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

	Date of onset
Automobile accident while riding as a passenger in an auto on public highway (Auto Collision)	12/17/36
Other contributory causes of importance:	
1/ Cerebral Hemorrhage	12/17/36
2/ Multiple Fractures of Ribs	12/17/36

Name of operation None Date of —

What test confirmed diagnosis? CLINICAL Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ACCIDENT Date of injury 12/17, 1936

Where did injury occur? St Louis, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. PUBLIC PLACE

Manner of injury AUTOMOBILE ACCIDENT.

Nature of injury CEREBRAL HEMORRHAGE.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John S. Tonnell, M. D.

(Address) Coroner St Louis County