

DEC 13 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39442
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City (d) Street No. **Homer G. Phillips Hospital** Registered No. **10429** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Walter Bradley**

(a) Residence, No. **1622 R. Wash. ST** St. **25**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **MAGGIE Bradley**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JULY 5, 1905**
7. AGE YEARS **32** MONTHS **4** DAYS **3** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as saw mill, bank, etc. **Laborer**
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) **Mo.**

FATHER 13. NAME **James Bradley**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Maggie Bradley**
(ADDRESS) **1622 R. Wash. St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood Cemetery Nov 12 1937**

19. FUNERAL DIRECTOR **Lowe and Co**
(ADDRESS) **3103 Washington Bl.**

20. FILED **NOV 9 1937** **J. B. Bledsoe**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/8/37** 19
22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on..... Death is said to have occurred on the date stated above, at **1:45 A.M.**
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance: **108**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **No**

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) **Joseph M. Zuercher**
(Address) **Deputy Coroner**

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.

31-242-2
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STATEMENT BY LICENSED EMBALMER

I, R. C. Houston, Licensed Embalmer No. 2266
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E. _____
No. 2266 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed R. C. Houston
Licensed Embalmer No. 2266

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)