

REC'D MAY 10 1938

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

12540
Do not use this space.

1. PLACE OF DEATH

- (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis mo.** (d) Street No. **1816 Rem Franklin Ave** St. **3144**
 (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 **4** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Terry Bradley, 634
 (a) Residence, No. **1816 Rem Franklin Ave** St. **21** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Sarah Bradley		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July. 31, 1863		
7. AGE	YEARS 75	MONTHS 2
	DAYS 1	IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Salesman	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville Mo.		
FATHER	13. NAME Calvin Bradley	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	
MOTHER	15. MAIDEN NAME Mrs. Nichols	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	
17. INFORMANT (ADDRESS) Mrs. Leslie Hanson 1922 Franklin Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery 4/5 1938		
19. FUNERAL DIRECTOR (ADDRESS) Chas. A. Bull 445 W. Washington St.		
20. FILED APR 3 1938 J. D. Brubaker		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 1, 1938**

22. I HEREBY CERTIFY, that I attended deceased from **March 20, 1938, to April 1, 1938**
 I last saw him alive on **March 31, 1938**. Death is said to have occurred on the date stated above, at **3:30 A.M.**
 The principal cause of death and related causes of importance were as follows:
Acute Bronchitis
Broncho Pneumonia
 Date of onset **3/20**

Other contributory causes of importance:
107

Name of operation Date of
 What test confirmed diagnosis? **none** 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) **Jay H. Lamb**, M. D.
 Address **1737 1/2 Franklin Ave**

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-26-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed John Ketter
Licensed Embalmer No. 3880

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.)