

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.

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

23756
Do not use this space.

REC'D AUG 12 1938

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. **4457 Westminister** St. **6450**
 (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 Emily Bradley

(a) Residence, No. **4457 Westminister** St. **19** (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Thomas Edward Bradley**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 3, 1861**

7. AGE YEARS **76** MONTHS **11** DAYS **15** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Nashville** (STATE OR COUNTRY) **Tenn.**

FATHER 13. NAME **Brachvogel**

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

MOTHER 15. MAIDEN NAME **Theresa Pettier**

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

17. INFORMANT **Estelle Hellerich** (ADDRESS) **4457 Westminister**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles** DATE **7/20/38** 19.

19. FUNERAL DIRECTOR **Edith E. Ambruster** (ADDRESS) **4234 Manchester**

20. FILED **19 1938** **J. P. Brebeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/18/38** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **May 1938** to **July 18 1938**

I last saw her alive on **July 14 1938** Death is said to have occurred on the date stated above, at **1.15A. M.**

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

Carcinoma of sigmoid ?
Cardio-Renal Disease many yrs
Recto-vaginal Fistula ?

Other contributory causes of importance:

Name of operation **none** 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?
 If so, specify

(Signed) **E. C. Keyes** M. D.

(Address) **400 Metropolitan Bldg.**

