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

791

1003

792

Do not use this space.

792

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.

1. PLACE OF DEATH

(a) County..... Registration District No. 1003

(b) Township..... Primary Registration District No..... Registered No. 792

(c) City St. Louis (d) Street No. 1527 South 3rd St. 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 Otto Bridges

(a) Residence, No. 1527 South 3rd St. St. 23 (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8, 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
45	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter-Tuck Pointer

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) (STATE OR COUNTRY) Nashville Illinois

FATHER

13. NAME Thomas Bridges

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Missouri

MOTHER

15. MAIDEN NAME Amanda Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Illinois

17. INFORMANT Charles Bridges

(ADDRESS) 1311 S. Broadway St. Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE Nat'l. Cm. J. Barracks. DATE 1/26/39

19. FUNERAL DIRECTOR (NAME) Weick Bros. Und. Co.

(ADDRESS) 412 Duchouquette St.

20. FILED JAN 25 1939 J. F. Budak Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1939

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 4:55 A.M.

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

	Date of onset
Pulmonary Tuberculosis;	

Other contributory causes of importance: No

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) Alfred Perry II, M. D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.)

If this body is not embalmed, above space should be left blank.