

SEP 25 1940 791 1
Registration District No.

Primary Registration District No. **1003**

Registrar's No. **6635**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Harry Thomas Bridge

9. (b) If veteran, name war NONE 3. (c) Social Security No. 335-10-4881

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nell 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Nov 26 1894
(Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 6 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name Henry T. Bridge

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Julia E. Sharkey

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nell Bridge

(b) Address 4432 A. Athlone Ave.

17. (a) Burial (b) Date thereof 8/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W.R. Strick

(b) Address 2117 E. Grand Ave.

19. (a) AUG 4 1940 (b) J.F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
4442 A. (If outside city or town limit, write "RURAL")
(d) Street No. 4432 A. Athlone Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
year 1940 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from July 27
1940 to Aug 2, 1940
that I last saw him alive on Aug 1, 9:30 PM, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hypertension (heart attack) 7 hrs.

Due to _____

Due to _____

Other conditions: Hypertensive cardio-vascular disease
(Includes pregnancy within 3 months of death) Diabetes mellitus

Major findings: Obesity

Of operations _____

Of autopsy same

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Wayne J. Golla (M. D. or other) MD

Address 2739 N. Grand Date signed 8-3-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.