

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.

SEP 20 1940  
791  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2731a Randolph St. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community about 18 years  
 years, months or days)

3. (a) PRINT FULL NAME Agnes Bradford 621  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Henry Bradford 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased October 3d 1887  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 10 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pleasanton Kansas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
 12. Name Bryant Caraway  
 13. Birthplace Nashville Tennessee  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lucinda Parks  
 15. Birthplace Unavailable Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Agnes Bradford  
 (b) Address 2731a Randolph St.  
 17. (a) Burial (b) Date thereof 8/21/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director [Signature]  
 (b) Address 4107 Winney Ave.  
 19. (a) AUG 19 1940 (b) \_\_\_\_\_  
 (Date received local registrar) (Date of registration)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town Saint Louis 22  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2731a Randolph St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th.  
 year 1940 hour 6:40 minutes \_\_\_\_\_ p. m.

21. I hereby certify that I attended the deceased from August 12th, 1940, to August 16th, 1940  
 that I last saw her alive on August 16th, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Chronic Nephritis 2 Yrs.  
 (Include pregnancy within 5 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underlines the cause to which death should be charged statistically

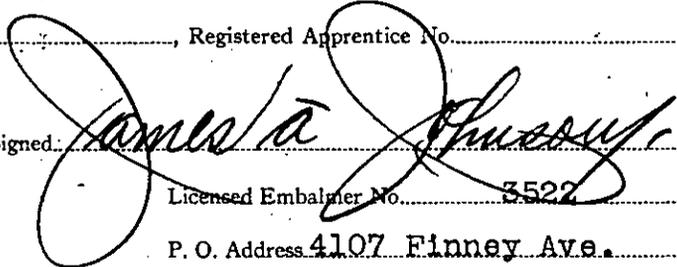
22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Dr. Edward Bell (M. D. or other)  
 Address 2901a Laclede Ave. Date signed 8/17/40

**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.....

.....James A. Johnson....., Registered Apprentice No. ....  
working under my personal supervision.

Signed: .....

Licensed Embalmer No. ....3522.....

P. O. Address 4107 Finney Ave......

**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.**