

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003State File No. **33463**  
Registrar's No. **8160**NOV 16 1940  
Registration District No. **791**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: Homer Phillips  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days (Specify whether  
 In this community 40 years  
 years, months or days)

3. (a) PRINT FULL NAME Harrison Bradford3. (b) If veteran, name war Unk 3. (c) Social Security No. Unk4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Sep6. (b) Name of husband or wife Unk 6. (c) Age of husband or wife if alive Unk years7. Birth date of deceased March 10, 1867  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
73 5 17 hr. min.9. Birthplace Miss  
(City, town, or county) (State or foreign country)10. Usual occupation Unk11. Industry or business g12. Name William Bradford13. Birthplace Miss  
(City, town, or county) (State or foreign country)14. Maiden name ?  
(City, town, or county) (State or foreign country)15. Birthplace ?  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Therence A. Spitzer(b) Address 2601 N Whittier17. (a) \_\_\_\_\_ (b) Date thereof 9-11-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St Louis, Mo18. (a) Signature of funeral director W. Kubler(b) Address 3500 Rutger19. (a) OCT 1 1940 (b) J. B. Black  
(Date received local registrar) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St Louis  
 (If outside city or town limits, write "RURAL") 21  
 (d) Street No. 2909 Franklin  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27  
year 1940 hour 5:00 minute \_\_\_\_\_ A. M.21. I hereby certify that I attended the deceased from  
August 23, 1940, to August 27, 1940,  
that I last saw him alive on August 27, 1940,  
and that death occurred on the date and hour stated above.Immediate cause of death Uremia Duration  
Uremia Approx 48 hrsDue to Hypertrophy of Prostate Approx 2 yrs

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_ PHYSICIAN  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_ 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) (e) Means of injury \_\_\_\_\_

23. Signature K. Fletcher (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**