

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4366

State File No. _____

Registrar's No. 179

FEB 14 1941
Registration District No. 784

Primary Registration District No. 117

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Park
(c) Name of hospital or institution:
Joy & Hawthorne Avenues.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME JULIA BROWN RADFORD.

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

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

6. (b) Name of husband or wife George A. Radford. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 13, 1870.
(Month) (Day) (Year)

8. AGE: Years 71. Months 0. Days 10. If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home.

11. Industry or business

MOTHER, FATHER { 12. Name Paul Brown.
13. Birthplace Eldorado, Arkansas.
(City, town, or county) (State or foreign country)
14. Maiden name Ann Hudson.
15. Birthplace Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Albert M. Keller.

(b) Address # 4 Carrawold.

17. (a) Burial. (b) Date thereof 1/25/1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.,

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Boulevard.

19. (a) JAN 24 1941 (Date received local registrar) by R. Meyers (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis.
(c) City or town Webster Park, (Webster Groves).
(If outside city or town limits, write "RURAL")
(d) Street No. #406 Hawthorne Blv'd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan'y day 23,
year 1941. hour 2 minute - 0 P. M.

21. I hereby certify that I attended the deceased from Sept 5, 1940, to Jan 23, 1941;
that I last saw her alive on Jan 23, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 13 hrs

Due to _____

Due to 8:30!

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
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 [Signature] (M. D. or other) _____
Address 758 Credey Bldg Date signed 1/23/41

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

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OGT 15 1951

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

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.