

16986

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 4504

1. PLACE OF DEATH:

(a) County _____
(b) City or town 1811 1/2 Lucas Ave, St Louis
(If outside city or town limits, write "RURAL" and name of township)(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 27 years
years, months or days3. (a) PRINT FULL NAME Hettie Peters-Bradshaw.3. (b) If veteran, name war no, 3. (c) Social Security No. no,4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Chas. Bradshaw 6. (c) Age of husband or wife if alive 61 years7. Birth date of deceased May 16th, 1893.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
48 --- 10 _____ hr. _____ min.9. Birthplace Dickson Tenn.
(City, town, or county) (State or foreign country)10. Usual occupation House-wife11. Industry or business Domestic12. Name James A. Peters.13. Birthplace Springhill, Murry Co./Tenn.
(City, town, or county) (State or foreign country)14. Maiden name Dollie Hornbeak.15. Birthplace Centerville, Hickman/Co. Tenn.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature James A. Peters(b) Address 1925 A. Lucas, Ave, St Louis, Mo.17. (a) removal (b) Date thereof May 31st, 1941
(Burial, destination, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Dickson, Tenn.18. (a) Signature of funeral director Gordon Gunhome(b) Address 2312 Thomas, St, St Louis, Mo.19. MAY 29 1941 (b) J. H. Brudwick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo, (b) County _____(c) City or town St Louis, 121
(If outside city or town limits, write "RURAL")(d) Street No 1811 1/2 Lucas, Ave,
(If rural, give location)(e) If foreign born, how long in U. S. A. 48 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th,
year 1941. hour 3:30. minute P. M.21. I hereby certify that I attended the deceased from May 26, 1941 to May 26, 1941that I last saw her alive on May 24, 1941
and that death occurred on the date and hour stated aboveImmediate cause of death Cancer of Uterus Duration
With Metastasis to Brain

Due to _____

Due to _____

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

Of autopsy _____

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 Blutnerfeld (M. D. number) _____Address 2037 1/2 Franklin Date signed 5-27-41

PHYSICIAN

Underline the cause to which death should be charged statistically

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39
1-1-1951

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.

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. 22561

P. O. Address 2812 Thomas 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.