

3. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26644

Registrar's No. 6436

FILED SEP 17 1941 791

1003

Registration District No.

Primary Registration District No.

000
17
9

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 20 Hours
(Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 2346a Howard Str.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Philip Bradshaw

3. (b) If veteran, name war..... None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife..... Appolonia G Bradshaw, Deceased

6. (c) Age of husband or wife if years

7. Birth date of deceased March 8th 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th
year 1941 hour 12:15 minute..... P. M.

21. I hereby certify that I attended the deceased from August 4th, 1941 to August 5th, 1941; that I last saw him alive on August 5th, 1941; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>4</u>	<u>27</u>	hr. min.

Immediate cause of death.....

Due to Cardiac Disease - Pulmonary edema, Arteriosclerosis general malnutrition

Due to Peripheral neuritis Rejected cerebral thrombosis

Other conditions (Include pregnancy within 3 months of death)
arterio sclerotic heart

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

10. Usual occupation Retired Cement Worker

11. Industry or business.....

12. Name Robert Bradshaw

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Hayes
(City, town, or county) (State or foreign country)

15. Birthplace unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations disease

Of autopsy 93d 95

16. (a) Informant Mrs. Mary Fennell-daughter

(b) Address 2346a Howard Str

17. (a) Burial (b) Date thereof Aug. 8th '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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?
(Specify type of place) (e) Means of injury.....

18. (a) Signature of funeral director Henry Leidner Und.Co

(b) Address 2223 St. Louis Ave

19. (a) AUG - 6 1941 (b) J. L. Medick
(Date received local registrar) (Registrar's signature)

23. Signature L. V. Muller (M. D. or D)
Address 1515 Lafayette Ave Date signed 8/5/41

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.....

Complete Autopsy

.....Registered Apprentice No.....

working under my personal supervision.

Signed..... *John T. Bicchholz*

Licensed Embalmer No..... *1674*

P. O. Address..... *2223 St Louis*

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, fact should be so stated above.