

FILED OCT 18 1941

Registration District No. 701

Primary Registration District No. 1003

Registrar's No. 7535

1. PLACE OF DEATH: St. Louis Mo.

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: None
3037 Semple Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years
(Specify whether years, months or days)

In this community 35 years

8. (a) PRINT FULL NAME Mattie Bradford

8. (b) If veteran, name war -- --

8. (c) Social Security No. None

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife Howard Bradford

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 9 2 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 13
If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER

12. Name Borton Shelton

13. Birthplace St. Charles Mo. (City, town, or county) (State or foreign country)

14. Maiden name St. Charles Mo.

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

16. (a) Informant Howard Bradford

(b) Address 3037 Semple Ave

17. (a) Burial (b) Date thereof 7-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Ellis Fun. Home
Stoddard St

(b) Address

19. (a) SEP 18 1941 (b) J. J. Bredesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis Mo. 6 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3037 Semple Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15
year 1941 hour 3/45 minute P.M.

21. I hereby certify that I attended the deceased from 8-1-41 to 9-12-41
that I last saw her alive on 9-14-41
and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis

Due to Chr. nephritis

Other conditions (Include pregnancy within 3 months of death)

1316

PHYSICIAN

Major findings: 1316

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 place) 0

23. Signature J. J. Bredesch (M. D. or other)

Address 3219 Hoberk Date signed 9-16-41

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

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 L. Boyer

Registered Apprentice No. my

working under my personal supervision.

Signed Lomir Boyer

Licensed Embalmer No. 294

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.