

Registration District No. 784

Primary Registration District No. 208

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kael  
(c) Name of hospital or institution: Robert Koch Hospital  
(d) Length of stay: In hospital or institution 6 mos 6 days  
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 2124 Clark  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ernest Bradford

3. (b) If veteran name war \_\_\_\_\_ 3. (c) Social Security No. WILLIAMS

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased September 17, 1899

8. AGE: Years 42 Months 4 Days 7 If less than one day \_\_\_\_\_

9. Birthplace Jonesboro Ark.

10. Usual occupation debarer

11. Industry or business Foundry

12. Name Jim Bradford

13. Birthplace Ark.

14. Maiden name Hattie Johnson

15. Birthplace \_\_\_\_\_

16. (a) Informant Hospital Record

(b) Address Greenwood

17. (a) Greenwood (b) Date thereof 1-31-42

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Bernie L. one

(b) Address 3103 W. Ashmun St.

19. (a) JAN 28 1942 (b) C. L. McHarrison

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1942 hour 12 minute 05 A. M.

21. I hereby certify that I attended the deceased from July 18, 1941 to January 24, 1942  
that I last saw him alive on January 23, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic glomerulo-nephritis

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

Other conditions Pulmonary tuberculosis, far adv.

Major findings: Of operations \_\_\_\_\_

Of autopsy Pulmonary tuberculosis

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature Frank H. Hinberg (M. D. or other) M.D.

Address Robert Koch Hosp. Date signed 1-31-42

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

196  
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48

MAR 19 1942

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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.....

*Myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *William Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address *2649 Delmar Pl*.....

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.