7. S. No. 2
DM—1-4-41
ev. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7772

FILED MAR 2 1942

Registration District No. 84 Primary Registration District No. 200 Registrar's No. 418

96

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Rural—Clayton Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brighton Stables 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank R. Bradford

3. (b) If veteran Yes name war Unknown

3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years About 58 Months Days If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknwon
13. Birthplace (City, town, or county) Unknwon (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. James Phillips,
(b) Address St. Louis, Mo.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation Chatlwh National Cemetery

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.,

19. (a) FEB 24 1942 (Date received by local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

767 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes — Duration

Due to Ruptured aorta and chronic myocarditis.

Due to

Other conditions (Include pregnancy within 3 months of death) 96

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN — 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 Louis H. Bopp (M.D. or coroner)
Address Kirkwood, Mo. Date signed 1/26/42

MAR 26 1942

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 Louis H Popp, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis H Popp

Licensed Embalmer No. 921

P. O. Address Kirkwood 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, fact should be so stated above.