S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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. 22631

FILED JUL 28 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6030

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3330 Wisconsin
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Bradley

3. (b) If veteran, name war None

3. (c) Social Security No. 491-12-8350

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife May

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

7. Birth date of deceased February 17, 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 27 ~~28~~ If less than one day hr. min.

9. Birthplace Jackson Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Pile Driver

11. Industry or business Smith-Brennan Pile Cp

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

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

16. (a) Informant Ed Bradley
(b) Address 3330 Wisconsin

17. (a) Burial (b) Date thereof July 17, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director C. Hoffmeister U & L Co.
(b) Address 7814 S. Broadway

19. (a) [illegible] (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1942 hour 5 minute 5 P.M.

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

Immediate cause of death Internal Hemorrhage from Laceration of External Iliac Artery right side. Fracture of Plevis. When a Pile fell off a truck crushing him beneath it at the Missouri Shipbuilding Co

Due to

Other conditions 9800 S. Broadway about 5:00 PM
(Include pregnancy within 3 months of death)

July 14-1942

Major findings:
Of operations 1951
Of autopsy 5

Duration

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) Accident

(b) Date of occurrence 7/14/42 0 90

(c) Where did injury occur? St Louis Co Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial
(Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)

Address Verpuff Coron Date signed 7/16/42

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry Rd

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.