

RECORDED MAR 20 1943

Registration District No. 318

Primary Registration District No. 1003

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo., 11 days
(Specify whether)

In this community 28 years
years, months or days

3. (a) PRINT FULL NAME Charles Bradley

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Male 5. Color Col

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

6. (b) Name of husband or wife Forrestine Bradley 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Aug 13 1900
(Month) (Day) (Year)

8. AGE: Years 42 Months 7 Days 1 If less than one day
hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Allen Bradley

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

14. Maiden name Emma Leach

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

16. (a) Informant Forrestine Bradley

(b) Address 1709 N. Larch

17. (a) Burial (b) Date thereof Mar 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. A. Allen

(b) Address 2915 Franklin Ave

19. (a) MAR 20 1943 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17 11
9 11

(d) Street No. 4156 St. Ferdinand
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14,
year 1943 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from February 3, 1943 to March 14, 1943
that I last saw him alive on March 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Unknown

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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 Alva Meade (M. D. or other)

Address 2601 Whittier Date signed 3/15/43

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

Signed *H. A. Green*
Licensed Embalmer No. *2963*
P. O. Address *2915 Franklin a*

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.