

11384

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED APR 15 1943

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 693

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
551 S. Harrison
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 551 S. Harrison
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Bradley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1943 hour _____ minute 9:30 P.M.

21. I hereby certify that I attended the deceased from 11-2-42
19 _____ to 3-21 19 43
that I last saw her alive on 3-20-43 19 _____
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race M

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife George W. Bradley

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

7. Birth date of deceased April 28 1863
(Month) (Day) (Year)

Immediate cause of death

Acute cardiac dilatation 1 day

Due to Chronic myocarditis 2 yrs

Due to Endocarditis (mitral regurgitation) 3 yrs

Other conditions (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Red Bud Ills
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Jacob Stutz

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

14. Maiden name Shade

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

PHYSICIAN

Major findings:
Of operations _____
Of autopsy gvt

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mabel Muir

(b) Address 551 S. Harrison, Kirkwood

17. (a) Burial (b) Date thereof 3-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Louis H. Bopp Inc

(b) Address Kirkwood, Mo

19. (a) MAR 23 1943 (b) W. M. Garrison M.D.
(Date received local registrar) (Registrar's signature)

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) Means of injury _____

23. Signature W. M. Garrison M.D. (M. D. or other) md
Address Kirkwood, Mo Date signed 3/22/43

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

346

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Please note
original certificate
from which we
have our information

Please put out

5 Thank you

Please write requested information
on the face of the supplemental
and return immediately in the en-
closed franked envelope.

Thank you.



James Stewart, M. D.

Special Agent, Bureau of the Census

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11334
Registrar's No. 693

Registration District No. 764

Primary Registration District No. 106

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Margaret Bradley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race (W)

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 28 1874

(Month)

(Day)

(Year)

8. AGE:

Years 79

Months 10

Days 17

(If less than one day _____ min.)

9. Birthplace _____

(City, town, or county)

(State or foreign country) Ill

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

(City, town, or county)

(State or foreign country)

15. Birthplace _____

16. (a) Informant _____

(b) Address _____

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(Date received local registrar)

(b) _____

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (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 _____
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

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) _____

(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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY