

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11920

State File No. _____

FILED APR 28 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3717

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:
2521 So. Broadway, /
(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 George Monroe Bradberry,

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-05-3563

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

6. (b) Name of husband or wife. Bessie Bradberry, 6. (c) Age of husband or wife if alive. 45 years

7. Birth date of deceased. December 19, 1889,
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 4 -0- hr. min.

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

10. Usual occupation. Machine Operator,

11. Industry or business _____

MOTHER FATHER

12. Name Don't Know,
13. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know,
15. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Bradberry,
(b) Address 2521 So. Broadway,

17. (a) Removal, (b) Date thereof 4/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walden, Mo.

18. (a) Signature of funeral director. Arthur J. Westaway,
(b) Address 2842 Meromec St.,

19. (a) APR 21 1943 J. P. Bredeth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri, (b) County. 000
17
(c) City or town. St. Louis, 9 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2521 So. Broadway,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1943 hour 3: minute 15 P. 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 _____

Due to Cerebral Apoplexy

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 Alfred J. Perry 205
(M. D. or other) 3
Address Deputy Registrar Date signed 4/21/43

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

1943
192
1851

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 me

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

Signed Joe S. Benz

Licensed Embalmer No. 4249

2842 Meramec St.,

P. O. Address St. Louis, 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.