DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15890

MAY 18 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4355

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: 2011a COLE ST (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days)

In this community 20 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 2011a COLE ST. (If rural, give location)

(e) If foreign born, how long in U. S. A.? U. S. A. years.

3. (a) PRINT FULL NAME ELIZABETH BRADFORD

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race COL

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

6. (b) Name of husband or wife SANDY BRADFORD

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased FEB (Month) 6 (Day) 1887 (Year)

8. AGE: Years 56 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

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

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

16. (a) Informant's own signature Emma Turner

(b) Address 2608a Gamble St.

17. (a) [illegible] (Burial, cremation or removal) (b) Date thereof 5-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEM.

18. (a) Signature of funeral director Elmer E. Rettig

(b) Address 3030 BELL AVE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 8 year 1943 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from 5/9/40, 19__, to 5/7/43, 19__; that I last saw her alive on May 7, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio Sclerosis	3 yrs
Due to	
Due to	
Other conditions: Chronic Myocardis (Include pregnancy within 3 months of death)	3 yrs

Major findings:
Of operations
Of autopsy No.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Stephen Vegan (M. D. or other)

Address 3202a Park Date signed 5/10/43

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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, above space should be left blank.