

FILED JUN 9 1943 318

1003

Registrar's No. 4861

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
208 So. 6th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 31 Years _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County _____
(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 208 So. 6th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward A. Bradley

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. 498-09-4788

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

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

7. Birth date of deceased May 3, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>0</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Lumber Company

MOTHER FATHER {

12. Name Terry Bradley

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

14. Maiden name Minerva Baughn
(City, town, or county) (State or foreign country)

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

16. (a) Informant Joseph Bradley

(b) Address 3455 So. Grand Blvd.

17. (a) Burial (b) Date thereof 5-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) MAY 26 1943 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1943 hour 7 minute 15 A. 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 Cerebral Apoplexy Third Fourth Ventricle
Due to Chronic Interstitial Nephritis

Due to _____
Other conditions 13/1 a
(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?

23. Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 5-26-43
While at work? _____ (Specify type of place) (b) Means of injury _____

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

JAN 9 1933

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 *Virgil L. Berryman*
Licensed Embalmer No. *4018*
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.