

FD JUN 19 1943 13
Registration District No.

Primary Registration District No. 7005

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Booth Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 10 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 921
(If outside city or town limits, write "RURAL")
(d) Street No. 1803 Pine St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs Mildred Bradley

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife Harry J. Bradley 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased March 1 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 3 14 hr. min.

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

10. Usual occupation Cashier

11. Industry or business Banker Life Co

MOTHER FATHER { 12. Name George Timmerwilke
13. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant LoRene Kiser
(b) Address 6428 Woodbine Court

17. (a) Removal (b) Date thereof June 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy Illinois

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) JUN 15 1943 J. F. Bredich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1943 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from October 10 1942 to June 14 1943
that I last saw him alive on June 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Duration 1 day
Ch. Myocarditis 1941
Ch. Endocarditis 1941
Phlebotomy phlebitis of 1 day
it leg.
Other conditions (include pregnancy within 3 months of death) 92

Major findings: Of operations none PHYSICIAN
Of autopsy none 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) None
(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 J. F. Bredich (M. D. or other) MD
Address 2767 Spruce Date signed 6-14-43

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 *Frank J. Moran*

Licensed Embalmer No. *224*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure of the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19426
Registrar's No. 5273

Registration District No. _____

Primary Registration District No. 1003

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:
Booth Memorial Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 da. (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mildred Bradley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased: Jan 1 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days _____ If less than one day _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug 29 1942 (b) J. F. Busch
(Date received local jurisdiction) (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 June Day _____ Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him/her alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY 4

S-19426