

No. 2
17-42
X12873

26498

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

REG. DIST. AUG 18 1943 318

1003

Registrar's No. 7489

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1431 N 9 ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 yrs (Specify whether
In this community 28 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3112 Hickory St (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clarence Bradford

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Aug day 6th
year 1943 hour 10 minute 25 AM

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive 45 years
7. Birth date of deceased Nov 18 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years 44 ~~45~~ Months 8 Days 18 If less than one day
..... hr. min.

Immediate cause of death Coronary Thrombosis
Due to 9/4
Due to 9/4
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

10. Usual occupation Laborer

11. Industry or business -

12. Name Tom Bradford

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

14. Maiden name Unknown ? 9

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

16. (a) Informant Grace Bradford

(b) Address 3112 Hickory

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12-43
(Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

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

(b) Address 2820 Stoddard St

19. (a) AUG 20 1943 (Date received local registration) (b) St. Hubert (Registrar's signature)

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) (c) Means of injury 3

23. Signature Thomas J. Callaway (M.D. or other) 3
Address Deputy Coroner Date signed 8-7-43

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

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 L. Bayne
Licensed Embalmer No. 2946
P. O. Address R. L. Bayne

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.

Registration District No. 318

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:

(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 Clarence Bradford

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

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

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

7. Birth date of deceased Nov 18 1899
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 3 If less than one day..... min.

9. Birthplace Leavenworth, Mo
(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) (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) 8-20-43 (b) J.F. Beedle
(Date received local registrar) (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 Aug year 1943 hour..... minute..... M.

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

that I last saw him..... 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.....

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

SUPPLEMENTARY

S-26498