

FILED JAN 4 1944 **818**

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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 Mo. 8 Da
In this community.....
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") 17 3
(d) Street No. 2019 Menard (If rural, give location) 9 2
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME H. Thomas Bradbury

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. Sarah 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. Aug. 27 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 3 26 hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business.....

12. Name Andrew Bradbury

13. Birthplace " " England, 4
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Bentley,

15. Birthplace " " England, 4
(City, town, or county) (State or foreign country)

16. (a) Informant M. Geasland

(b) Address 5800 Arsenal St.,

17. (a) Burial (b) Date thereof 12/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director: B. Kew-Bergman

(b) Address 2842 Meramec St. DEC 24 1943

19. (a) (Date received local registrar) (b) J. Z. Bredner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23,
year 1943 hour 7:15A. minute..... M.

21. I hereby certify that I attended the deceased from Oct. 15 1943
to Dec 23 1943
that I last saw him alive on Dec 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic decompensated myocarditis

Due to Atherosclerosis 2 months
renal
yeas

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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 H. G. Kowalski (M.D. or other) M.D.
Address 5800 Arsenal St. Date signed 12/23/43

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.....

Joe D Benz

Licensed Embalmer No. 4249.....

P. O. Address 2842 Meramec St.

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.