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FILED JAN 20 1944
Registration District No. 848

Primary Registration District No. 1003

State File No. _____
Registrar's No. 145

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:
Home for the Aged, 3400 So. Grand.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Years,
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Margaret Bradshaw,

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 Widowed,

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

7. Birth date of deceased about 1864.
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. _____ min. About 80 Yrs.

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

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER {
12. Name Don't Know,
13. Birthplace Don't Know, (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Don't Know, (City, town, or county) (State or foreign country)

16. (a) Informant Holger Wahlgreen,
(b) Address 7406 Arlington Dr.

17. (a) Burial, (b) Date thereof 1/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS, Peter & Paul Cem

18. (a) Signature of funeral director Hebber Long Mortuary,
(b) Address 2842 Meramec St.

19. (a) JAN 6 1944 (b) J.F. Bredesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 19
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 3400 So. Grand, (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1944 hour 10: minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 1943 to Jan 5 1944
that I last saw him alive on Jan 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

Due to Arterio Sclerosis
Due to _____

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 [Signature] M. D. or other _____
Address [Signature] Date signed _____

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 S. Benz

Licensed Embalmer No..... 4249

2842 Meramec St.

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.