

FILED MAR 20 1944

Registration District No. **318**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **2320a University St.**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **35 years**
(Specify whether years, months or days)
 In this community **35 years**

3. (a) PRINT FULL NAME **Ruth Anna Bradley**
 3. (b) If veteran, name war **none**
 3. (c) Social Security No. **492-03-6372**

4. Sex **female** 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 **1909** years

7. Birth date of deceased **Oct. 2nd. 1909**
(Month) (Day) (Year)

8. AGE: **35** Years **34** Months **5** Days **7**
If less than one day hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Marker**

11. Industry or business **Rice Stix**

12. Name **Harry W. Bradley**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Alvina Meckel**

15. Birthplace **San Francisco, Calif.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry W. Bradley**
 (b) Address **2320a University St.**

17. (a) **Burial** (b) Date thereof **3-13044**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**
 (b) Address **2225 St. Louis Ave.**

19. (a) **MAR 13 1944** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **920**
 (d) Street No. **2320a University St.**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **9th.**
 year **1944** hour **11:30** minute **Am.** M.

21. I hereby certify that I attended the deceased from **mech 6** 1944 to **mech 9** 1944
 that I last saw him alive on **mech 9** 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death **Organic Valvular heart lesion**
 Duration **2 mo**

Due to **U**
 Due to **U**

Other conditions **Diabetic (sugar)** **2 yrs**
(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 **J. W. Shaw** (M. D. or other)
 Address **2330 Union** Date signed **3/10/44**

Dr. Shaw - Union & Webster Ave.
2530th N. Union

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

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address. *2223* *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.