V. S. No. 2
DM—9-4-41
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P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26101

FILED SEP 8 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7281

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: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 1219
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4558 Laclede
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Glenn Bridges

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, divorced Married

6. (b) Name of husband or wife Nora Bridges

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased December 3, 1903 (Month) (Day) (Year)

8. AGE: Years 40 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation Buss Mechanic

11. Industry or business Public Service Co.

FATHER
12. Name William G. Bridges
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Nora Shinn
15. Birthplace (City, town, or county) Kansas (State or foreign country)

16. (a) Informant William Bridges
(b) Address 4405 Forest Park Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) AUG 22 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1944 hour 1.00 P.M. minute M.

21. I hereby certify that I attended the deceased from 6-19-44, 19, to 8-20-44, 19, that I last saw b alive on 8-20-44, 19, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ulcers of stomach	2
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. H. Lyland (M. D. or other)
Address 3901 Park ave Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....Thomas Eynch

Licensed Embalmer No.....1284

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.