

FILED SEP 18 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7713

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: St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2005 Pine Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME Wm. M. Bradley

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Georgia Bradley 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased June 4, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 0 hr. min.

9. Birthplace Vicksburg | Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Minerva (Unk)

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Young

(b) Address 2005 Pine Street

17. (a) Burial (b) Date thereof 9/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 LaSalle Avenue

19. (a) SEP 6 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th
year 1944 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept. Aug 22, 1944, to Sept 4, 1944, that I last saw him alive on Sept. 3, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhagic cystitis Duration 8-19-44

Due to nephrosclerosis

Due to Hypertrophy of prostate benign 6 mo.

Other conditions 131 a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Hypertrophy of prostate

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 0

23. Signature [Signature] (M. D. or other) MD

Address 1536 Papin St. Date signed 9/5/44

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

D. M. Green

Licensed Embalmer No. *1173*

P. O. Address *3517 LaSalle Ave*

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.