

No. 2
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5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29152

Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 8294

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:
4324 Blair Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Julia E. Bridge
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry J. Bridge 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 17 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Sharkey
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Murray
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Klmer Bridge
(b) Address 4324 Blair Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/44
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge

19. (a) OCT 2 1944 (Date received local registrar) J. F. Braloch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wol
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 917
(d) Street No. 4324 Blair Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1944 hour 12 minute 28 P. M.

21. I hereby certify that I attended the deceased from MAY 2
1944 to SEPT 30 1944
that I last saw her or alive on Sept 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Ray fracture of both feet 1 mo
and legs

Due to Endarteritis obliterans 6 mo

Other conditions Arteriosclerosis 7
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 97

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Reed C. McEwan (M. D. or other) MD
Address 4350 Turner Date signed 10/2/44

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.....

Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address.....

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.