V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32079

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8564

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: En Route to City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No 3 (Specify whether
In this community 3 Years
years, months or days)

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. 1315 So. 6th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HOWARD H. BRADDY

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July 23, 1925
(Month) (Day) (Year)

8. AGE: Years 19 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Madison County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Millard P. Braddy
13. Birthplace Madison County Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mae Arnett
15. Birthplace Madison County Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Millard P. Braddy
(b) Address 1315 So. 6th St.

17. (a) Burial (b) Date thereof 10/11/44.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Motor to Fredericktown, Mo.

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) OCT 9 1944 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th
year 1944 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage of Brain
Subarachnoid Hemorrhage of Brain When he was struck by a automobile
Due to being driven by one Duell Rogers of the intersection of
Due to Gazette and Jefferson about 2:24 A.M. Oct. 8 1944

Duration

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) Criminal Carelessness

(b) Date of occurrence Oct 8 1944

(c) Where did injury occur? St Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? no (e) Means of injury Auto

23. Signature Thomas F. Collins (M.D. or other)
Address Deputy Coroner Date signed 10-9-44

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.