

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

35691

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10151**

**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:  
5375 Maple Ave  
(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.....  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 5375 Maple Ave  
(If rural, give location)

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

If yes, name country.....

**3. (a) PRINT FULL NAME** Allen Bradshaw

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex male 5. Color Black 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Oct 1879  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 17 year 1944 hour 10 minute 15 P.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.....  
Coronary Thrombosis

<b>8. AGE:</b>	Years	Months	Days	If less than one day
<u>all</u>	<u>65</u>			hr. min.

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

10. Usual occupation Janitor

11. Industry or business.....

MOTHER FATHER { 12. Name Miss

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

14. Maiden name Miss

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

16. (a) Informant James J. Benjamin

(b) Address 1300 Clark Anatomical Board

17. (a) (Burial, cremation, or removal)..... (b) Date thereof 11-10-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington D.C.

18. (a) Signature of funeral director W. F. Light

(b) Address 3190 Rutledge

19. (a) **NOV 20 1944** (Date received local registrar) J. T. Bullock (Registrar's signature)

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?.....

While at work:.....  
(Specify type of place) (c) Means of injury

23. Signature Robert W. Davis (M. D. or other) 3

Address 1300 Clark Date signed 11/10/44

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.....

Licensed Embalmer No.....

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.**