

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

#30021
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1945
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

74
State File No. _____
Registrar's No. 254

Registration District No. _____ Primary Registration District No. 1003

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 24 days
In this community years, months or days 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 6816 Wise Avenue 94
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillie Bradbury
3. (b) If veteran, name war X
3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 9th
year 1945 hour 10:10 minute A. M.
21. I hereby certify that I attended the deceased from 12/16/44
to 1/9/45
that I last saw her alive on 1/9/45
and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Charles F. Bradbury
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 11, 1852
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia
Duration _____

8. AGE: Years 92 Months 2 Days 28
If less than one day hr. min.

Due to _____
Due to _____
Other conditions Atherosclerosis
(Include pregnancy within 3 months of death)

9. Birthplace Chicago / Illinois
10. Usual occupation at home
11. Industry or business _____
12. Name David Lusk
13. Birthplace Not known U. S. A.
14. Maiden name not known
15. Birthplace not known

Major findings: _____
Of operations _____
Of autopsy Same
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant L. M. Smith
(b) Address 4916 Bonita
17. (a) burial (b) Date thereof 1/12/45
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) JAN 10 1945 J. F. Bredich
(Date received local registrar) (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Herbert C. Zuby (M. D. or other) _____
Address 1515 Lafayette 1/9/45
Signed _____

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 7027 Stravois

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.