

S. No. 2
4-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

4012

State File No.

FILED MAR 3 1945
318

Registration District No.

Primary Registration District No.

Registrar's No. 1447

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:
2205 S 3rd St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard ¹⁰³

(c) City or town Brownwood
(If outside city or town limits, write "RURAL") ^{NR}

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ada Mae Bradshaw

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Bradshaw 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 8 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63	9	2	hr. min.
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9. Birthplace Stoddard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Tip Hawk

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

14. Maiden name Maggie Walker

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

16. (a) Informant Charles Bradshaw

(b) Address Brownwood, Missouri

17. (a) Burial (b) Date thereof 2-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Point, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 14 1945 (b) J. F. Medick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1945 hour 10:00 minute P.M.

21. I hereby certify that I attended the deceased from Feb 7-
1945, to Feb 9, 1945;
that I last saw her alive on Feb. 9, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Lobar pneumonia
Type 25

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?..... (c) Means of injury 0

23. Signature J. F. Thurnauer (M. D. or other)
Address 5269 Vernon Ave Date signed 2/12/45

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.....

W W Wilkins

Licensed Embalmer No.....

3570

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.