V. S. No. 2
00M—2-43
ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 28 1945

State File No. 21721

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6156

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:
5156 Cates 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5156 Cates Ave. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hattie Ellen Bridges

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry J. Bridges

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October (Month) 30 (Day) 1882 (Year)

8. AGE: Years 62 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Mahlen Cox
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Emeline Lewis
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Henry Bridges
(b) Address 5156 Cates Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lutesville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 16 1945 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1945 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from March, 19 to July 15, 1945 that I last saw her alive on July 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Softening Myocardosis

Due to Hypertension

Due to ?

Other conditions Cataract bilateral, Hypertrophic Arthritis
(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? (e) Means of injury

23. Signature Dr. Edwin Heissenbach M.D. (M.D. or other)

Address 306 N Grand Date signed 7-16-45

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1945

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. 3575

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.