. 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 NOV 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35075

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9558

1. PLACE OF DEATH:
(a) County: St Louis
(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: Homer Phillips Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)
In this community 4 Yrs.

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. 2730 Stoddard St (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Bradshaw
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col,
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug, 20th, 1890 (Month) (Day) (Year)

8. AGE: Years 55 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Greenville (City, town, or county) Miss. 1 (State or foreign country)
10. Usual occupation Coal Presser
11. Industry or business St Louis Briquette Co.
FATHER
12. Name Nat Bradshaw
13. Birthplace Greenville (City, town, or county) Miss. 1 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Shirley Perry
(b) Address 2942 Bell Ave Rpt, 208.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.
18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St
19. (a) NOV 5 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30 year 1945 hour 6:45 minute 30 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 1 Septicemia 2 Gangrene of Right thumb and right foot 3 Injured when the overflow from the coke silo spilled in the proof of a building under the was working causing burns & cuts on ground 6:45 a.m. Oct. 9 1945 at the St. Louis Briquette Company 3950 Chouteau

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) Accident
(b) Date of occurrence Oct 9 1945
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Work (Specify type of place)
While at work?
(e) Means of injury As above

23. Signature Alfred Perry (M.D. or other)
Address Date signed 10/31/45

(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 myself

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Connie Boykin

Licensed Embalmer No. 2946

P. O. Address St. Louis, Mo.

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.