

FILED DEC 13 1945

Primary Registration District No. 3070

Registrar's No. 2778

16
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
642 Fieldston Terrace Webster Groves
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
 (d) Street No. 642 Fieldston Terrace Webster Groves
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Clarence A. Bradt
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th
 year 1945 hour 6:10 minute P M.
 21. I hereby certify that I attended the deceased from Nov 11
 1944 to Dec 5 1945
 that I last saw him alive on Dec 5 1945
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: September 23 1895
(Month) (Day) (Year)

Immediate cause of death
Cerebral apoplexy
 Due to hypertension
83 at
 Duration _____

8. AGE: Years Months Days If less than one day
50 2 12 _____ hr. _____ min.

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.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Jobber
 11. Industry or business Self

MOTHER FATHER { 12. Name Frank S. Bradt
 13. Birthplace Albany New York
(City, town, or county) (State or foreign country)
 14. Maiden name Mae Vaughn
 15. Birthplace Willisville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Bob Smee
 (b) Address 906 OLIVE ST.

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)

(c) Place: burial or cremation Memorial Park
 18. (a) Signature of funeral director Peatz Bros
 (b) Address 1029 Yvette Ave
DEC 17 1945
 19. (a) 12-16-45 (b) T. B. Mc Gowan
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Martin J. Shaw (M. D. or other)
 Address 526 Olive St Date signed 12/7/45

OCT 10 1956

JUN 20 1946

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 Frank J. Swann

Licensed Embalmer No. 2245

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.