

FILED JAN 18 1946
Regular District No. _____

Primary Registration District No. 1003

State File No. _____
Registrar's No. 11297

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

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2331 DIVISION 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 20 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2331 DIVISION ST
(If rural, give location)

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

3. (a) PRINT FULL NAME ELLA BRADLEY

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race C

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: abt 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14
year 45 hour 7 minute _____ M.

21. I hereby certify that I attended the deceased from Dec 13 1945 to Dec 14 1945
that I last saw her alive on Dec 14 1945
and that death occurred on the date and hour stated above.

8. AGE: Years abt 77 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace COLUMBIA MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

Immediate cause of death: Influenza

Due to _____

Due to exposure

Other conditions: _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name UNKNOWN

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

14. Maiden name " "

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Addie Randall

(b) Address 1444 N. 21st St

17. (a) Burial (b) Date thereof 12-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bennett

(b) Address 3103 Washington

19. (a) DEC 24 1945 (b) _____
(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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury C

23. Signature J. H. Alder (M. D. or other) _____

Address W. H. Jackson Date signed 12-29-45

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. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.