

**FILED DEC 21 1945** STANDARD CERTIFICATE OF DEATH

State File No. ....

10821

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. ....

**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: City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr. 5 months  
41 yrs. (Specify whether years, months or days)

3. (a) PRINT **WM. BRADSHAW.**  
FULL NAME

3. (b) If veteran, name war -  
3. (c) Social Security No. -

4. Sex Male 5. Color or race Colored  
6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Minerva Houston (Deceased)  
6. (c) Age of husband or wife if alive 1858 years

7. Birth date of deceased 10 15 1858  
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 3  
If less than one day hr. min.

9. (a) Birthplace Palmyra, Missouri  
(City, town, or county) (State or foreign country)

10. (a) Usual occupation W.P. A. WORK.

11. (a) Name Wm. Bradshaw

12. (a) Birthplace Mo.  
(City, town, or county) (State or foreign country)

13. (a) Maiden name Mary  
(City, town, or county) (State or foreign country)

14. (a) Birthplace Mo.  
(City, town, or county) (State or foreign country)

15. (a) Informant City Infirmary Records

16. (a) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof DEC 13 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Place: burial or cremation Woodland Cemetery

18. (a) Signature of funeral director Russell and Co

19. (a) DEC 13 1945 (b) J. Stuedebach  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH, Month December day 8th  
year 1945 hour 6:00 P. 15 minute M. October

21. I hereby certify that I attended the deceased from 18th to 1945 October 8th  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 19 45

Due to arteriosclerosis, generalized 1944+

Due to

Other conditions Syphilis 2. Severity  
(Include pregnancy with 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)  
(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) (e) Means of injury

23. Signature John E. Nelson (M. D. or other) M.D.  
Address 5600 Arsenal Date signed 12/18/45

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

GOVERNMENT PRINTING OFFICE: 1940

APR 16 1946

MAR 18 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 Joel Russell  
Licensed Embalmer No. 4112  
P. O. Address St Louis

**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.**

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 38946  
Local Registrar's No. 10821

State of ..... }  
County of ..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ..... 1946, before me appears.....

....., who, upon ..... oath, states that the original record of ~~birth~~ death  
for Wm Bradshaw died Dec 8 1941, in the State of  
Missouri, and which was filed at St Louis, Mo on Dec 12, 1941 should be corrected as follows:

Item No. 7 should read 10-15-1858

Instead of ..... 1873

Item No. 8 should read age 87

Instead of ..... 72

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Priscilla Russell Relationship. Underdeveloped

2732 Pine St.  
Present Address.

Subscribed and sworn to before me this 30 day of March, 1946

My Commission expires 3/1/49 Paul C. Sedock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

APR 10 1946

38946