

S. No. 2  
DM-5-43  
v. 5-17-39  
I X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7267

State File No. ....

FILED MAR 7 1946  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1868

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: 5883 Curright 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5883 Curright 57  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

In this community \_\_\_\_\_ years, months or days  
3. (a) PRINT FULL NAME Dolores Bradford

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 23  
year 1946 hour 1: minute 30 P. M.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488 30-7861

21. I hereby certify that I attended the deceased from Dec. 25 1945 to February 23 1946  
that I last saw her alive on February 22 1946  
and that death occurred on the date and hour stated above.

5. Color or race Female Wh  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Orwell  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased February 17, 1910  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 36 Months 0 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions Surgical Menopause  
(Include pregnancy within 8 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Parsons, Kansas  
(City, town, or county) (State or foreign country)  
10. Usual occupation Clerk

MOTHER FATHER  
11. Industry or business Famous-Barr Co.  
12. Name William Kell  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Ma M. Kock  
15. Birthplace Parsons, Kansas  
(City, town, or county) (State or foreign country)  
16. (a) Informant Orwell Bradford  
(b) Address 5883 Curright  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-25-46  
(Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Parsons, Kansas  
18. (a) Signature of funeral director Wm F. Stuart  
(b) Address 1225 Union Blvd.  
19. (a) FEB 25 1946 (b) J. T. Busch  
(Date received local registrar) (Registrar's signature)

23. Signature Ac. Moller, M.D. (M. D. or other)  
Address 819 University Club Bldg Date signed 2/23/46  
While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1954

**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

*Henry M. Brannon*

Licensed Embalmer No. 4200

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.**