No. 2
—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7268

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1705

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2829 Spruce St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
In this community 10 Months (Specify whether years, months or days)

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. 2829 Spruce St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fannie Mae Bradley

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored

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 July (Month) 26 (Day) 1923 (Year)

8. AGE:

Years	Months	Days	If less than one day
22	6	20	hr. min.

9. Birthplace Tupelo (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Restaurant Work

11. Industry or business Emporium Cafe

FATHER
12. Name Ed. Bradley
13. Birthplace Chickesaw (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Maggie Witaker
15. Birthplace (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Boyd Carter
(b) Address 2829 Spruce St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation Tupelo, Miss.

18. (a) Signature of funeral director Allen Dailes
(b) Address 3506 Franklin

19. (a) FEB 20 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day Feb year 1946 hour 5 minute 40 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 — Duration

Acute Generalized Peritonitis

Due to Contrib. Ruptured Vys - Salpinx

Due to

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)

(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)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address [signature] Date signed 2/20/46

(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 Theodore F Yandell, Registered Apprentice No. ....., working under my personal supervision.

Signed Theodore F Yandell

Licensed Embalmer No. 4243

P. O. Address 927 N. Elm Ave Webster Groves 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.