

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10933**

APR 5 1946
318

Primary Registration District No. **1003**

Registrar's No. **2998**

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: LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WKS Home
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town ST LOUIS 8 117
(If outside city or town limits, write "RURAL")
(d) Street No. 6423rd VERMONT 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MICHAEL BRADLEY
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 29
year 1946 hour 10 minute 55 A.M.
21. I hereby certify that I attended the deceased from 3-29
1946 to 3-29 1946.
that I last saw him alive on 3-29 1946
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3-29-46
(Month) (Day) (Year)

Immediate cause of death Premature birth Duration 2 hrs
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
2 hr. 16 min.
9. Birthplace ST. LOUIS Mo
(City, town, or county) (State or foreign country)
10. Usual occupation NEW BORN

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name PAUL M. BRADLEY
13. Birthplace ST. LOUIS Mo
(City, town, or county) (State or foreign country)
14. Maiden name CATHERINE WESTERMANN
15. Birthplace ST. LOUIS Mo
(City, town, or county) (State or foreign country)
16. (a) Informant VERA DUECKER RN
(b) Address LUTHERAN HOSPITAL
17. (a) BURIAL (b) Date thereof MAR 30/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS. PETER + PAUL CEMETERY
18. (a) Signature of funeral director J. A. Howard
(b) Address 1619 S Grand BL
19. (a) MAR 30 1946 (b) J. F. Bredeek
(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 _____
23. Signature J. F. Bredeek (M. D. or other) JMD
Address 3616 S Brady Date signed 3-29-46

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

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..... *Gas A. Howard*
Licensed Embalmer No..... *4139*
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.