No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14881

FILED APR 25 1947

Registration District No. 348 Primary Registration District No. 1002 Registrar's No. 3922

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: 413 N. 22nd 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1 000

(c) City or town St. Louis 2 1 17
(If outside city or town limits, write "RURAL")

(d) Street No. 413 N. 22nd St. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Raymond Paul Bradley

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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 January (Month) 22 (Day) 1947 (Year)

8. AGE: Years 0 Months 2 Days 22 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Raymond Paul Bradley
13. Birthplace Poplar Bluff (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Jessup
15. Birthplace Quincy (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Raymond Paul Bradley
(b) Address 413 N. 22nd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) APR 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1947 hour 9 minute 00 P 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 Bilateral Bronchial Duration

Due to Pneumonia

Due to 107

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause of 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 Ord Perry (M. D. or other) 3

Address Dupuy Gorman Date signed 4/15/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Embalmers report not filed

APR 15 1947

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.....

Licensed Embalmer No.....

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.