

S. No. 2
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P X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18637

FILED MAY 22 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7811

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. Paul Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1600 Belt Ave.
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME John W. Bradshaw
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 10
year 1947 hour 8:55 minute _____ P. M.

4. Sex Male 5. Color of race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adelle
6. (c) Age of husband or wife if alive 60 years

21. I hereby certify that I attended the deceased from 3/20 1947 to 5/10 1947
that I last saw him alive on 5/10/47 and that death occurred on the date and hour stated above.

7. Birth date of deceased February 9 1886
(Month) (Day) (Year)

Immediate cause of death Carcinoma site Lung
Duration _____

8. AGE: Years 61 Months 3 Days 1
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) H/T

9. Birthplace St. Louis Mo
10. Usual Occupation Bookkeeper
11. Industry or Business Bradshaw Bookpointing Co.
12. Name Sam J. Bradshaw
13. Birthplace Ireland
14. Maiden name Mary Huffer
15. Birthplace Ireland

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

MOTHER FATHER
16. (a) Informant Mrs. Adelle Bradshaw
(b) Address 1600 Belt Ave.
17. (a) Burial (b) Date thereof 5-14-47
(c) Place: burial or cremation St. Paul Hospital
18. (a) Signature of funeral director Wm. D. Smith
(b) Address 1225 Union Blvd.
19. (a) MAY 13 1947 (b) J. F. Brebeck

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? _____
(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 Theodore Greiner (D. or other) MD
Address 1650 Olive Date signed 5/10/47

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.....

J. Allen [Signature]

Licensed Embalmer No. *4053*

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.