S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35533

FILED OCT 24 '47

Registration District No. 4318

Primary Registration District No. 1003

Registrar's No. 9575

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

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 2½ mos. (Specify whether

In this community 14 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aao

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

(d) Street No. 1419 N 16 St (If rural, give location) 9

25

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Joyce Bradley

3. (b) If veteran, — name war —

3. (c) Social Security No. —

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 27 (Day) 1933 (Year)

8. AGE:

Years	Months	Days	If less than one day
14	1	17	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation School Girl

11. Industry or business —

FATHER

12. Name Percy Bradley

13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER

14. Maiden name Willie Blakley

15. Birthplace (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Willie Bradley

(b) Address 1419 N. 16th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 17 47 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Howell [illegible]

(b) Address 2834 Gamble

19. (a) OCT 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1947 hour 12 minute 35 A M.

21. I hereby certify that I attended the deceased from Aug. 5 1947 to Oct. 14 1947 that I last saw her alive on Oct. 14 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lupus Erythematosis -Disseminated	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy None

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 0

23. Signature Oscar P. Davillo (M. D. or other)

Address 2601 N Whittier Date signed 10/15/47

Jefferson City Printing Co.

(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~~ ——, Registered Apprentice No. ——, working under my personal supervision.

Signed: [illegible] L. Howell

Licensed Embalmer No. 245

P. O. Address 2834 Gamble

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.