

FILED DEC 6 1947 310

Primary Registration District No. 1003

Registrar's No. 10770

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:
City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks.
(Specify whether
In this community, about 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2305 St. Louis
20 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Bradley

3. (b) If veteran, name war no 3. (c) Social Security No. 490-22-8478

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21
year 1947 hour 7 minute 20 p. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Gertrude Bradley 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased 9 26 1896
(Month) (Day) (Year)

Immediate cause of death Pneumonia
Infection of pleural region of
3rd and 4th compressed rib cage of
left lung. Venous thrombosis in
superior vena cava. Yearly balloon
for relief of angina pectoris,
1947 lasted 1.30. h

8. AGE: Years Months Days If less than one day
51 1 25 hr. min.

9. Birthplace Montgomery Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business.....

12. Name John Bradley

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

14. Maiden name Catherine O. Conner

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

16. (a) Informant Mrs Gertrude Bradley

(b) Address 2305 St. Louis Ave.

17. (a) Burial (b) Date thereof 11-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Godhart & Godhart

(b) Address 2228 St. Louis Ave.

19. (a) NOV 24 1947 (b) J. F. Brodeck
(Date recorded) (Registrar's signature)

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 Nov 17 1947

(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)

(e) Means of injury Dep Car

23. Signature Patrick E. Kaylani

Address 1300 Clark Date signed 11-24-47

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

MOTHER FATHER

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.....

Elmo R. Cadwell

Licensed Embalmer No.....

4077

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.