No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 6110

Registrar's No. 1215

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)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4114 DDelmar
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mose Bridges
3. (b) If veteran, name war
3. (c) Social Security No. 497-16-4713
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ella
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Dec. (Month) 22nd (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
69	1	10	hr. min.

9. Birthplace Farmington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unkown (City, town, or county) (State or foreign country)
16. (a) Informant Flossie Bridges
(b) Address 4114 Delmar Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington Mo.
18. (a) Signature of funeral dir. Rowland Mortuary Svc
(b) Address 4104 Manchester.
19. (a) FEB 5 (Date received local registrar) (b) J. F. Bradecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1948 hour 1 minute 5 p M.
21. I hereby certify that I attended the deceased from Jan. 21, 1948 to Feb. 2, 1948 that I last saw him alive on Feb. 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Luetic Heart Disease with Mild Decompensation; Cerebral Thrombosis	undet
Due to	
Due to	
Other conditions: Latent Lues (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: No	

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 Oscar J. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 2/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

1215

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: Ronald O Yalink

Licensed Embalmer No. 3912

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.