

No. 300
-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33949
State File No. 8975
Registrar's No.

FILED OCT 23 1948

Registration District No. 018

Primary Registration District No. 1003

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

3. (a) PRINT FULL NAME William Elijah Bradley
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah Isabelle Bradley
6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 21 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 25
If less than one day hr. min.

9. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John Bradley

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

14. Maiden name Mary Curtis
(City, town, or county) (State or foreign country)

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

16. (a) Informant Leora Bradley
(b) Address Colma, California

17. (a) Removal (b) Date thereof 10/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesboro, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 14 1948 J. B. Lancaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Union
(c) City or town Wolf Lake
(d) Street No. NR
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 16
year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 23 1948 to Oct 16 1948
that I last saw him alive on Oct 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Due to Carcinoma R Kidney
Duration 1 week

Due to
Other conditions
Major findings: Carcinoma R Kidney
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Means of injury

23. Signature Joseph E. Glenn (M. D. or other)
Address 956 Archade Bldg Date signed 10/16/48

WRITE PLAINLY—USE 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 O. Sadwell

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.