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

#91496

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 19 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37899

Primary Registration District No. 1003

Registrar's No. 9726

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3770 NO. 10TH ST. 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN BRADSHAW

3. (b) If veteran, name war NONE

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife SEFESIA

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased MAY (Month) 8 (Day) 1859 (Year)

8. AGE: Years 89 Months 5 Days 29 If less than one day hr. min.

9. Birthplace MARY'S CO. (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business

FATHER
12. Name JAMES BRADSHAW
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY ANN FRITZ
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant MRS. MATTIE L. DEHN
(b) Address 5600 NOTTINGHAM

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PK.

18. (a) Signature of funeral director KRIEGSHAUSER UND.
(b) Address 4778 S. KINGSHIGHWAY

19. (a) NOV 8 1948 (Date received local registrar) (b) J. B. Forster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th year 1948 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from 11/5/48, 19__, to Nov. 7th, 1948 that I last saw him alive on Nov. 7th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Esophagus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (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 Geo. L. Bryan M.D. (M.D., coroner)
Address 1515 Lafayette Date signed 11/8/48

(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 Richard W. Stoversand

Licensed Embalmer No. 4007

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.