

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2489**
870

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4954 Highland Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) SUSAN b. (Middle) L. c. (Last) BRADLEY			4. DATE OF DEATH (Month) (Day) (Year) JAN. 28, 1949		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 20, 1860	9. AGE (In years last birthday) 88 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Philadelphia	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME JOHN BRADLEY	13b. MOTHER'S MAIDEN NAME MARY DELANEY	14. NAME OF HUSBAND OR WIFE *****
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *****	16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE OR NAME Dr. J.M. Bradley	ADDRESS 4954 Highland
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fr. Humeral Head St. DUE TO (c) Fracture did not contribute II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition giving death. arterio sclerosis to death mitral insufficiency		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no operation no anesthetic	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) HAIT
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall
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22. I hereby certify that I attended the deceased from **Dec 18th**, 19**48**, to **Jan 28th**, 19**49**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.A. Stone - D.	23b. ADDRESS Beaumont Bldg.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-31-1949	24c. NAME OF CEMETERY OR CREMATORY Int. Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. JAN 30 1949	REGISTRAR'S SIGNATURE J.B. Lassiter	25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Fynn	ADDRESS Directors, 2849N. Euclid
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Stone,
De Paul Hosp.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Robert L. Brinkman

Signed.....
Student Embalmer

Licensed Embalmer No. 3553

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.