FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17098 12998

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4129

1. PLACE OF DEATH

a. COUNTY —

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri

c. LENGTH OF STAY (In this place) 22 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Barnes Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis

d. STREET ADDRESS (If rural, give location) 4260 Lindell

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) H. c. (Last) Bradley

4. DATE OF DEATH (Month) May (Day) 7 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 16 1869

9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Phys. And Surgeon

10b. KIND OF BUSINESS OR INDUSTRY Medicine

11. BIRTHPLACE (State or foreign country) Clinton, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME John Bradley

13b. MOTHER'S MAIDEN NAME Martha Tenbrook

14. NAME OF HUSBAND OR WIFE Gertrude Tenbrook

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 Gertrude M. Bradley, **ADDRESS** 4260 Lindell

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of cecum — INTERVAL BETWEEN ONSET AND DEATH 1½ yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 25 Apr 49

19b. MAJOR FINDINGS OF OPERATION Generalized peritoneal metastases

20. AUTOPSY? YES [X] NO [ ]

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) 46

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? 152X

22. *I hereby certify that I attended the deceased from* April 15, *19* 49, *to* May 7, *19* 49, *that I last saw the deceased alive on* May 7, *19* 49, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE C. Barker Mueller **(Degree or title)** M.D.

23b. ADDRESS Barnes Hospital,

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-9-49

24c. NAME OF CEMETERY OR CREMATORY Mount Hope

24d. LOCATION (City, town, or county) St. Louis County, Mo (State)

DATE REC'D BY LOCAL REGISTRAR MAY 8 1949

REGISTRAR'S SIGNATURE J. B. Lasalen

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, Inc. 4700 Washingto

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student _____
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.