

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24626
Registrar's No. 6304

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (to this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		STREET ADDRESS (If rural, give location) <u>4456 E Evans Ave</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4456 E Evans Ave</u>				STREET ADDRESS (If rural, give location) <u>4456 E Evans Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henrietta</u>		b. (Middle) _____		c. (Last) <u>Bradley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 49</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 21 - 1922</u>			
9. AGE (In years last birthday) <u>26</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Goldie Buford</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Hudson</u>		14. NAME OF HUSBAND OR WIFE <u>Emmitt Bradley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fannie Buford 4456 Evans</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>_____</u> *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) <u>Rheumatoid Arthritis and Myo-Carditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Rheumatism</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO</u>		21f. HOW DID INJURY OCCUR? <u>752A</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>June 8, 1949</u> , to <u>July 17, 1949</u> , that I last saw the deceased alive on <u>July 17, 1949</u> , and that death occurred at <u>6 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE: <u>J. B. Casater</u> (Degree or title) _____				23b. ADDRESS <u>M.D. 1015a N. Garrison</u>		23c. DATE SIGNED <u>July 19, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington PK</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>			
DATE REC'D BY LOCAL REG. <u>JUL 20 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Casater</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ATKINS BROS 3644 Finney</u>		_____			

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 *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

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.