

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003 State File No. 24627  
6401

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo.</b>		c. LENGTH OF STAY (in this place) <b>1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis.</b>		d. STREET ADDRESS (If rural, give location) <b>4882 Farlin Ave.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4882 Farlin Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>4882 Farlin Ave.</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Leo</b>		b. (Middle) <b>J.</b>		c. (Last) <b>Bradley</b>			
4. DATE OF DEATH		(Month) <b>July</b>		(Day) <b>22</b>		(Year) <b>1949</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>March 23, 1915</b>			
9. AGE (In years last birthday) <b>34</b>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>			
12. CITIZEN OF WHAT COUNTRY? _____									
13a. FATHER'S NAME <b>Robert Bradley</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Gorman</b>			14. NAME OF HUSBAND OR WIFE <b>Victoria Bradley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>489 01 0144</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Victoria Bradley</b> ADDRESS <b>4882 Farlin Ave.</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>  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.				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <b>19</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>002X</b>					
22. I hereby certify that I attended the deceased from <b>June 1, 1948</b> , to <b>July 22, 1949</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:15 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Clarence G. ...</b>				23b. ADDRESS <b>1927 - ...</b>		23c. DATE SIGNED <b>7-23-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 25 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JUL 23 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Shant &amp; Correll 4600 Nat'l Bridge</b> ADDRESS _____					

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

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60-0341

**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

*Ben Hoffman*  
Licensed Embalmer No. *4366*  
P. O. Address *St Louis 9*

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.