

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30817

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5596		Registrar's No. 70			
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROCK (RURAL)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R. #1 HILLS BORO		50			
d. FULL NAME OF HOSPITAL OR INSTITUTION #79 HARRIS BEACH ROAD				d. STREET ADDRESS (If rural, give location) R.R. #1					
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) RYAN c. (Last) BRADLEY			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 19, 1949						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUGUST 5, 1880			
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 1 Days 14		IF UNDER 4 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NET. ROUTE SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS DAIRY CO.		11. BIRTHPLACE (State or foreign country) WINCHESTER, VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME SAMUEL BRADLEY			13b. MOTHER'S MIDDLE NAME MINNIE B. NAGEL		14. NAME OF HUSBAND OR WIFE EMMA BRADLEY (DECEASED)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 488-09-4745		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLIFTON BRADLEY #79 HARRIS BEACH RD.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis Heart Disease Arterio Sclerosis 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. Myocardial failure				INTERVAL BETWEEN ONSET AND DEATH 3 yrs 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from June 1945 to Sept 16, 1949, that I last saw the deceased alive on Sept 16, 1949, and that death occurred at 7:45 p.m. from the causes and on the date stated above.									
23a. SIGNATURE Wm B Koenig (Degree or title)				23b. ADDRESS 4500 Olive		23c. DATE SIGNED Sept 19			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE SEPT 22, 1949		24c. NAME OF CEMETERY OR CREMATORY ROBINSON CEMETERY		24d. LOCATION (City, town, or county) (State) LOCATIONS, ILLINOIS.			
DATE REC'D BY LOCAL REG. SEPT 19 - 49		REGISTRAR'S SIGNATURE Phil Kirk Donald		FUNERAL DIRECTOR'S SIGNATURE Wm J. Robert & Co.		ADDRESS 1905 So. GRAND BLVD ST. LOUIS, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 27 1949
District Health Officer No. 9

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 _____

Licensed Embalmer No. 40537

P. O. Address St. Louis, Mo.

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.

[Handwritten signature]