

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31625

State File No. ....

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 8072

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. LENGTH OF STAY (In this place) 1 day	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital, 17		e. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
3. NAME OF DECEASED (Type or Print) ERNEST		f. STREET ADDRESS (If rural, give location) 4265 Manchester	
a. (First)	b. (Middle)	c. (Last) BRADLEY	
4. DATE OF DEATH (Month) (Day) (Year) Sept 16 1949		5. SEX male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Dec 24 - 1883		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Textile Mill Wire Weaver		10b. KIND OF BUSINESS OR INDUSTRY Wire Mfg Co	
11. BIRTHPLACE (State or foreign country) Mud River Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James P Bradley		13b. MOTHER'S MAIDEN NAME Sarah Ellis Ross	
13c. NAME OF HUSBAND OR WIFE Eva Bradley		14. NAME OF HUSBAND OR WIFE	
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 Eva Bradley		ADDRESS 4265 Manchester	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, acute		INTERVAL BETWEEN ONSET AND DEATH 5 hrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic coronary artery disease?	
DUE TO (c)		DUE TO (c) Fibrosarcoma, rt thigh	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 94	
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? 4221		22. I hereby certify that I attended the deceased from Sept 16, 1949, to Sept 16, 1949, that I last saw the deceased alive on Sept 16, 1949, and that death occurred at 2:00 pm., from the causes and on the date stated above.	
23a. SIGNATURE J. B. Bradley		(Degree or title) M.D.	
23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED 9/16/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-19-49	
24c. NAME OF CEMETERY OR CREMATORY St. Matthews		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. SEP 19 1949		REGISTRAR'S SIGNATURE J. B. Laster	
25. FUNERAL DIRECTOR'S SIGNATURE		Funeral Home Inc. 4104 Manchester Ave. St. Louis 10, Mo.	

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

*Handwritten signature*

**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 *Howard H Rowland*

Licensed Embalmer No. *2114*

P. O. Address *@T. Louis*

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.