

FILED OCT 13 1949

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31626

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8495

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Clayton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Hospital		d. STREET ADDRESS (If rural, give location) 933 a Concordia Lane	

3. NAME OF DECEASED (Type or Print)	a. (First) STEPHEN	b. (Middle) KEMP	c. (Last) BRADLEY	4. DATE OF DEATH (Month) (Day) (Year)
				10 2 49

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 27, 1880	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 9	IF UNDER 1 RES. Hours 5	IF UNDER 1 RES. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dining Car Stewart	10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad	11. BIRTHPLACE (State or foreign country) Kerwin Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Stephen H. Bradley	13b. MOTHER'S MAIDEN NAME Emp Kemp	14. NAME OF HUSBAND OR WIFE Harriett Ethel Bradley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 702-07-7811	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Bradley, 933a Concordia Lane	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u>		
	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 9-8-49	19b. MAJOR FINDINGS OF OPERATION <u>Bronchogenic Carcinoma</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
		H 70 1621X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-29-1948, to 10-2-1949, that I last saw the deceased alive on 10-2-1949, and that death occurred at 7:27 a.m., from the causes and on the date stated above.

23a. SIGNATURE HENRY W. NOLLER (Degree or title) <u>Henry W. Noller M.D.</u>	23b. ADDRESS 4960 Jackson	23c. DATE SIGNED 10-2-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Oct 4, 1949	24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 3 <u>J. B. Fasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Ave.
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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 with the above constitutes grounds for revocation of license.)

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