

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42300
Registrar's No. 10850

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>10850</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>20 YRS.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>21 1021 Call St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1021 Call St.</u>				d. STREET ADDRESS (If rural, give location) <u>21 1021 Call St.</u>			
3. NAME OF DECEASED a. (First) <u>Jerry</u> (Type or Print)			b. (Middle) _____		c. (Last) <u>Bradshaw</u>		4. DATE OF DEATH (Month) <u>12</u> (Day) <u>15</u> (Year) <u>49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-7-1893</u>	9. AGE (In years last birthday) <u>56</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Minister</u>		11. BIRTHPLACE (State or foreign country) <u>Tory, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dan Bradshaw</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Sydnor</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Bradshaw</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Emma Bradshaw</u> ADDRESS <u>1021 Call St.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage.</u> INTERVAL BETWEEN ONSET AND DEATH <u>about 15 months, unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) <u>St. Louis Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
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? <u>B31X</u>			
22. I hereby certify that I attended the deceased from <u>Sept. 1</u> , 1948, to <u>Dec. 15</u> , 1949, that I last saw the deceased alive on <u>Dec. 14</u> , 1949, and that death occurred at <u>11:30 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Brooks, M.D.</u> (Degree or title)				23b. ADDRESS <u>2746 9 Franklin Ave.</u>		23c. DATE SIGNED <u>Dec. 15, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>DEC 17 1949</u> <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellis Funeral Home</u> ADDRESS _____					

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

Name

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Fulton E. Culkin

Signed.....
Student Embalmer

Licensed Embalmer No. *4198*

P. O. Address *St Louis 13 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.