

STANDARD CERTIFICATE OF DEATH

State File No. **6022**
1867

FILED MAR 10 1950

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (in this place) July 15, 1949		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hos²				d. STREET ADDRESS (If rural, give location) 11-2461 1/2 N. Durk					
3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Suey c. (Last) Bradford			4. DATE OF DEATH (Month) (Day) (Year) Feb 24, 1950						
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 29, 1906			
9. AGE (In years last birthday) 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) 0			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Andrew J. Kibby			13b. MOTHER'S MAIDEN NAME Malinda Brown			14. NAME OF HUSBAND OR WIFE John H. Bradford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. NOT ANY		17. INFORMANT'S SIGNATURE OR NAME ADDRESS. Mrs. Jessie Redmond 2401 1/2 N. Durk					
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) Carcinoma of Cervix with metastasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
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 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) 171X					
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?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:25 Am. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dr. Eugene S. Lawrence, MD.				23b. ADDRESS 2601 Muttley Street		23c. DATE SIGNED 2-25-50			
24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial		24b. DATE March 1, 1950		24c. NAME OF CEMETERY OR CREMATORY: Washington Park Cem		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. FEB 26 1950		REGISTRAR'S SIGNATURE J. B. Suster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Madame And 3849 Windsor Pl.					

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 *F. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *4217 Johnson*

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.