

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18009
 State File No. 18009
 Registrar's No. 4629

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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

1. PLACE OF DEATH a. COUNTY Missouri			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		2259
d. FULL NAME OF HOSPITAL OR INSTITUTION D.A. Homer G. Phillips Hospital			d. STREET ADDRESS (If rural, give location) 1230th N. 14th ST.		
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) Louis	c. (Last) Bradshaw	4. DATE OF DEATH (Month) (Day) (Year) MAY 20 50	
5. SEX Male	6. COLOR OR RACE 2 Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 10, 1912	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Columbia, Tenn.	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME Edward L. Bradshaw		13b. MOTHER'S MAIDEN NAME Hattie Hopkins		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Susie Jackson, 1230th N. 14th		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Stab wound of heart, suffered when stabbed with knife in upper part of arm, E. side.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. Williams (col) in the rear of DUE TO? May 20 1950			_____
	II. OTHER SIGNIFICANT CONDITIONS May 20 1950				
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION Homicide			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Alley	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 20 50 100 A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 982X			
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 200 A m., from the causes and on the date stated above.					
23a. SIGNATURE (In proper or title) G Patrick Taylor			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5.23.50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-27-50	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. MAY 25 1950		REGISTRAR'S SIGNATURE J B Pasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Robinson & Sons, 1720 O'Fallon St		

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

Leroy W. Bannister

Licensed Embalmer No. _____

4523

P. O. Address _____

3880 Doctor Ave

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.