

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18918

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>4464</u>		Registrar's No. <u>1287</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give town or township) Overland		a. STATE Missouri		b. COUNTY St. Louis	
c. LENGTH OF STAY (In this place) 35 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Overland		d. STREET ADDRESS 9203-Arlene Avenue		e. CITY (If outside corporate limits, write RURAL and give township) 4231	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9203-Arlene Avenue				d. STREET ADDRESS (If rural, give location) 9203-Arlene Avenue			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Marie	b. (Middle) Evelyn	c. (Last) Bradbury	Month May	Day 18	Year 1950	Female	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 28, 1894		9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Maximillion H. Guether	
13b. MOTHER'S MAIDEN NAME Ellen Knudsen		14. NAME OF HUSBAND OR WIFE Fred O. Bradbury		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Fred O. Bradbury		18. CAUSE OF DEATH		19. DATE OF OPERATION 420.1		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. CAUSE OF DEATH		19. DATE OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
18. CAUSE OF DEATH		19. DATE OF OPERATION		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
18. CAUSE OF DEATH		19. DATE OF OPERATION		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
18. CAUSE OF DEATH		19. DATE OF OPERATION		22. I hereby certify that I attended the deceased from <u>Jan 11, 1943</u> , to <u>May 18, 1950</u> , that I last saw the deceased alive on <u>May 17, 1950</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE Ray A. Waether Sr. M.D.	
18. CAUSE OF DEATH		19. DATE OF OPERATION		23b. ADDRESS 2438 Woodson Rd. Overland Mo.		23c. DATE SIGNED 5-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-20-1950		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		24d. LOCATION (City, town, or county) (State) Wellston, Mo.	
DATE REC'D BY LOCAL REG. 5-19-50		REGISTRAR'S SIGNATURE Herbert R. Lombe, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Thurman Bros. Inc.		ADDRESS 2504 Woodson Rd. Overland, Mo.	

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 3454

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 7

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.