

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5893

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1185

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY OR TOWN <u>St. Louis</u> | c. LENGTH OF STAY (In this place) <u>40 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2119</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>11 4222nd Cote Brillante</u> | |

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|--|------------------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> b. (Middle) <u>B</u> c. (Last) <u>Bradford</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3 1951</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>August 18, 1881</u> | 9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months Days IF UNDER 1 HR.: Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Not known</u> <u>9</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | | | | | |

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| 13a. FATHER'S NAME <u>Diamond Jones</u> | 13b. MOTHER'S MAIDEN NAME <u>Mehallie Griffin</u> | 14. NAME OF HUSBAND OR WIFE <u>Not known</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unk</u> <u>Unk</u> | 16. SOCIAL SECURITY NO. <u>Unk</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Robert Jones, Nephew, 4222 E Cote Brill</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | DUE TO (b) <u>Essential Hypertension</u> | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
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| 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? <u>332X</u> |
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22. I hereby certify that I attended the deceased from 1-16, 1951 to 2-3, 1951, that I last saw the deceased alive on 2-3, 1951, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Alvin Thompson, M.D.</u> | 23b. ADDRESS <u>2601 N Whittier St</u> | 23c. DATE SIGNED <u>2-5-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>2-11-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Paradise</u> | 24d. LOCATION (City, town, or county) (State) <u>Houston Texas</u> |
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| DATE REC'D BY LOCAL REG. <u>FEB 6 1951</u> | REGISTRAR'S SIGNATURE <u>J. B. Keaster</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Lee J. Sneed 3615 Easton</u> |
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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 Leroy H. Pannitter

Licensed Embalmer No. 4523

P. O. Address 3880 Eyster 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.