

XC- FILED JUN 14 1951
Reg. 94482

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18981

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2416</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>JEFF. BRKS. MO.</u>		c. LENGTH OF STAY (In this place) <u>5 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ALTON</u>		<u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>209 ALBY</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>BRADLEY</u>		c. (Last) <u>BRADLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6/10/51</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>12/31/66</u>	
9. AGE (In years past birthday) <u>84 yrs.</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hillsdale, Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benson Bradley</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Shannon</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>SPAW</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V. A. HOSPITAL RECORDS, Jeff. Bks, Mo.</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>CARCINOMATOSIS-TRANSVERSE COLON</u> 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 <u>153k</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>V.A.</u>		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 <u>6/6</u> , 19 <u>51</u> , to <u>6/10</u> , 19 <u>51</u> , and that death occurred at <u>6:07 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E.C.O'BRIEN</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>V.A.HOSP. JEFF. BRKS. MO.</u>		23c. DATE SIGNED <u>6/11/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 14, 1951</u>		24c. NAME OF CEMETERY OR-CREMATORY- <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Alton, Madison, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>6-12-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donke md</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Robert H. Straeper</u>		ADDRESS <u>Alton, Ill.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 ~~X~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert H. Streaper

Licensed Embalmer No. *2474*

P. O. Address *Alton Ill.*

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.