

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **28071**
7240

FILED AUG 25 1951

318

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No.	
1. PLACE OF DEATH a. COUNTY _____				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 pronounced dead at				d. STREET ADDRESS (If rural, give location) 3420 Franklin Ave			
3. NAME OF DECEASED (Type or Print) William		a. (First) BOBBER G. PHILLIPS HOSPITAL		c. (Last) Frank Bradford		4. DATE OF DEATH (Month) (Day) (Year) 8-10-1951	
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec 1st 1933	
9. AGE (In years last birthday) 17		IF UNDER 1 YEAR Months 8		IF UNDER 1 YEAR Days 9		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Bradford		13b. MOTHER'S MAIDEN NAME Dorothy L. Johnson		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 Dorothy J. Marx 3420 Franklin Ave			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of heart. ANTECEDENT CAUSES suffered when deceased was accidentally when deceased was giving gun to one DUE TO (c) @ Charles Vaughn (col) in home at 3045 Sheridan about 1100PM II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death				INTERVAL BETWEEN ONSET AND DEATH 1100PM	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Aug 10 1951		20. AUTOPSY? no		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 10 5:11 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 919 19			
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 1100 P. m. , from the causes and on the date stated above.							
22a. SIGNATURE Earl Smith, M.D. (Degree or title)				22b. ADDRESS 3 - 6 Cherry		22c. DATE SIGNED 8-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) 71		24b. DATE 8-15-1951		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo	
DATE REC'D BY LOCAL REG. AUG 14 1951		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.H. Randle & Son 3133 Bell Avenue			

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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

J. J. Hatoon

Licensed Embalmer No. *2695*

P. O. Address *27694 hordean*

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.