

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30615

State File No.

FILED SEP 24 1951

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>CRYSTAL CITY</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>CRYSTAL CITY C.S.D. 1</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>H 14 10th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Leon</u>	b. (Middle) <u>R.</u>	c. (Last) <u>Bradley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31 1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 12, 1918</u>	9. AGE (In years last birthday) <u>32</u>	10. MONTHS <u>9</u>	11. DAYS <u>19</u>	12. HOURS <u></u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GLASS-WORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>P.P.G. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>HERCULANEUM, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ray Bradley</u>	13b. MOTHER'S MAIDEN NAME <u>Blanche Valle</u>	14. NAME OF HUSBAND OR WIFE <u>Arbell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Arbell Bradley</u>	ADDRESS <u>Crystal City</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1980</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>976</u>	

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 OR SUICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Crystal City Jefferson MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 31 51 3:00 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Suicide</u>
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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 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dorothy Matthews Conner</u>	23b. ADDRESS <u>101 Main St Festus Mo</u>	23c. DATE SIGNED <u>9-14-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Sept 3, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HERCULANEUM</u>	24d. LOCATION (City, town, or county) (State) <u>HERCULANEUM, MO</u>
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DATE REC'D. BY LOCAL REG. <u>9/15/51</u>	REGISTRAR'S SIGNATURE <u>Gustaf K. Politt</u>	444	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gustaf K. Politt</u>	ADDRESS <u>Crystal City</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

OCT 17 1951

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 9-20-51

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 Country E. Politte

Licensed Embalmer No. 3481

P. O. Address Crystal City, Mo.

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.