

FILED JAN 26 1952

STANDARD CERTIFICATE OF DEATH

State File No. 2612

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0343

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **St. Louis**  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION **4202 W/. Margetetta**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo.**  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2109**  
d. STREET ADDRESS (If rural, give location) **4202 W. Margetetta** **Margaretta**

3. NAME OF DECEASED (Type or Print)  
a. (First) **May** b. (Middle) \_\_\_\_\_ c. (Last) **Bradford**  
4. DATE OF DEATH (Month) (Day) (Year)  
**Jan. 11 1952**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**  
8. DATE OF BIRTH **Dec. 13 1876** 9. AGE (In years last birthday) **75** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (State or foreign country) **Portsmouth Ohio**  
12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **Charles Burt** 13b. MOTHER'S MAIDEN NAME **May Louise Koch** 14. NAME OF HUSBAND OR WIFE **Arthur Bradford**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_  
16. SOCIAL SECURITY NO. \_\_\_\_\_  
17. INFORMANT'S SIGNATURE OR NAME **Arthur Bradford** ADDRESS **4202 W. Margetetta**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Thrombosis**  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Ch. Hypertension Heart Disease**  
DUE TO (c) **Arterio Sclerosis**  
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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_ **4201**

22. I hereby certify that I attended the deceased from **Jan 9**, 1952, to **Jan 11**, 1952, that I last saw the deceased alive on **Jan 9**, 1952, and that death occurred at **2:30 P.M.** on the causes and on the date stated above.

23a. SIGNATURE **Edward J. Phillips MD** (Degree or title) 23b. ADDRESS **4965 E. Lamar St** 23c. DATE SIGNED **1/12/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **1/14/52** 24c. NAME OF CEMETERY OR CREMATORY **Calvary** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **JAN 14 1952** REGISTRAR'S SIGNATURE **Earl Smith** No. 10. 25. FUNERAL DIRECTOR'S SIGNATURE **Sullivan Funeral Dir.** ADDRESS **2849 N. Euclid**

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Robert Linkman*  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. *3553*

P. O. Address \_\_\_\_\_

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.