

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21776**

No. 300
10-48

FILED JUL 2- 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. **5672**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 2725 a Dickson	

3. NAME OF DECEASED (Type or Print) Sally Bradshaw			4. DATE OF DEATH (Month) (Day) (Year) June 18 1952		
5. SEX 3 Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	
8. DATE OF BIRTH Jan. 8, 1891		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Arkansas	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME Wesley Martin		13b. MOTHER'S MAIDEN NAME Maggie		14. NAME OF HUSBAND OR WIFE	
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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) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME OZELLA LEWIS	
				ADDRESS 2725 DICKSON	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis			Undet.
		ANTECEDENT CAUSES			
		DUE TO (b) Hypertensive Cardiovascular Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Undetermined			"
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		None			

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X	

22. I hereby certify that I attended the deceased from **6-13**, 19 **52**, to **6-18**, 19 **52** that I last saw the deceased alive on **6-18**, 19 **52** and that death occurred at **5:56a** m., from the causes and on the date stated above.

23a. SIGNATURE Edna Brooks, D.O.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 6-18-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-23-52		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEM	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	

DATE REC'D-BY LOCAL REG. JUN 18 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Pat's Funeral Home 418 Washington	
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G.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 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 *Cather A Harris*

Licensed Embalmer No. *4458*

P. O. Address *4187 Washington*

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.