

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED OCT 29 1952

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 590 Registrar's No. 2713

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berkley City</u>	c. LENGTH OF STAY (in this place) <u>17 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. John's</u>	<u>4211</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>3519 Marshall</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u> b. (Middle) <u>G.</u> c. (Last) <u>Bradley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Nov. 12, 1879</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Charleston, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Edward Ferrish</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Warren</u>		14. NAME OF HUSBAND OR WIFE <u>John D.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George Bradley</u>		ADDRESS <u>3519 Marshall</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>Broncho-pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u>		E9000 21	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured hip (right)</u>		3 mos. today	
19a. DATE OF OPERATION <u>6/23/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture of hip</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</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>Overland St. Louis Co. Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9:00 25 1952 9P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>in yard fell on steps</u>	
22. I hereby certify that I attended the deceased from <u>10/16 1952</u> to <u>10-21 1952</u> , that I last saw the deceased alive on <u>10/21 1952</u> , and that death occurred at <u>3:15a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. A. Miller M.D.</u>		23b. ADDRESS <u>8724 St. Charles St. St. Louis, Mo</u>	23c. DATE SIGNED <u>10/21/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>10/21/52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domb - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>
		ADDRESS <u>4700 Washington Blvd</u>	

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

4004

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 Robert M. Murray

Licensed Embalmer No. 37491

P. O. Address St. Louis, 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.