

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7376**
Registrar's No. **1800**

FILED MAR 11 1953

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **30 yrs.**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **2818 Bernard St.**
e. STREET ADDRESS (If rural, give location) **22 2818 Bernard St.**

3. NAME OF DECEASED a. (First) **Augusta** b. (Middle) _____ c. (Last) **Bradley**
4. DATE OF DEATH (Month) (Day) (Year) **Feb, 12 1953**

5. SEX **Female** 6. COLOR OR RACE **Col.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**
8. DATE OF BIRTH **Aug. 14, 1919** 9. AGE (In years last birthday) **33** IF UNDER 1 YEAR Months **6** Days **29** IF UNDER 6 HRS. Hours **29** Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) **Pine Buff, Ark.**
12. CITIZEN OF WHAT COUNTRY? **USA.**

13a. FATHER'S NAME **Will Roberson** 13b. MOTHER'S MAIDEN NAME **Willie Bea Harris** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. **None**
17. INFORMANT'S SIGNATURE OR NAME **Willie Bea Bradley** ADDRESS **2818 Bernard St.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carbon Monoxide Poisoning when coal oil stove exploded see her home on Feb 12 1953**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
DUE TO (b) _____
DUE TO (c) **about 851 pm**
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Accident**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office, bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St Louis Mo 000**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Feb 12 5:38 p.m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **E9160**

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 **851 p.m.**, from the causes and on the date stated above. **16**

23a. SIGNATURE **Patricia E Taylor Coroner** (Degree or title) 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **2. 16. 53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Motor** 24b. DATE **Feb. 17, 1953** 24c. NAME OF CEMETERY OR CREMATORY **Oakdale Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Co. MO.**

DATE REC'D BY LOCAL REG. **FEB 16 1953** REGISTRAR'S SIGNATURE **J. Calhoun** 25. FUNERAL DIRECTOR'S SIGNATURE **Wright Funeral Home** ADDRESS **3100 Easton Ave.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A 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.....
Signature of Student Embalmer

Signed..... No Embalming

Licensed Embalmer No.....

P. O. Address..... *Green Pa*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.