FILED FEB 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7378

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Register's No. 1270

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY in this place 70 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2192
d. STREET ADDRESS (If rural, give location) 4365 Lindell Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) KATHERINE b. (Middle) c. (Last) BRADWAY

4. DATE OF DEATH (Month) (Day) (Year) JANUARY 31, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 23, 1874

9. AGE (In years last birthday) 78 yrs
If under 1 year: Months Days
If under 1 day: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY –

11. BIRTHPLACE (City and State or Foreign Country) Bavaria, Germany

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Adam Huether

13b. MOTHER'S MAIDEN NAME Marie Elizabeth Klockner

14. NAME OF HUSBAND OR WIFE Edward Sidney Bradway

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 AND ADDRESS Mr. Edward S. Bradway, Jr., 4365 Lindell

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Coronary Thrombosis
DUE TO (c)

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 Ooccur? 4201

22. *I hereby certify that I attended the deceased from* 11-27-52, 19__, *to* 1-31-53, 19__, *that I last saw the deceased alive on* 1-31-53, 19__, *and that death occurred at* 9:35P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm. M. Huggins MD
23b. ADDRESS 1515 Lafayette Avenue
23c. DATE SIGNED 2-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Feb. 4, 1953
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. FEB 3 1953
REGISTRAR'S SIGNATURE J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.

4201 (Second Funeral Director's Statement on Reverse Side)

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 ..... Student Embalmer

Signed Max L Wenkel

Licensed Embalmer No. 4170

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.