

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED JUN 1 - 1953

State File No. **19214**  
Registrar's No. **4650**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>22</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>22 2121 Walnut</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <b>Naomi</b>	b. (Middle) _____	c. (Last) <b>Bradshaw</b>	(Month) <b>May</b>	(Day) <b>4</b>	(Year) <b>1953</b>

<b>5. SEX</b> <b>Female 3</b>	<b>6. COLOR OR RACE</b> <b>Colored</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widow 2</b>	<b>8. DATE OF BIRTH</b> <b>April 3, 1891</b>	<b>9. AGE</b> (In years last birthday) <b>62</b>	<b># UNDER 1 YEAR</b> Months <b>1</b> Days <b>1</b>	<b># UNDER 24 HRS.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>John TKras</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Julia Brown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>GUY BRADSHAW</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Oliver White</b>	<b>ADDRESS</b> <b>2904 Choteau</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>Undet.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Metastatic Carcinoma of Liver (Primary site undetermined)</b>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) <b>Undetermined</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<b>None</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>1562</b>
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**22. I hereby certify that I attended the deceased from** **4-22**, 19**53**, to **5-4**, 19**53**, that I last saw the deceased alive on **5-4**, 19**53**, and that death occurred at **12:25 p.m.**, from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <b>Edna Brooks M. D.</b>	<b>23b. ADDRESS</b> <b>2601 N Whittier St</b>	<b>23c. DATE SIGNED</b> <b>5-5-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>MAY-6-1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Father Dixon</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kirkwood, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>MAY 7 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Earl Smith M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>E. B. Koonce</b>	<b>ADDRESS</b> <b>1221 N. Grand</b>
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B.P. (Licensed Embalmer'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 *C. C. Adams*

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.