

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29803

State File No.

FILED AUG 20 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7070

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7070			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2346 KLEMM AV.</u>				e. STREET ADDRESS (If rural, give location) <u>17 2346 KLEMM AV.</u>					
3. NAME OF DECEASED (Type or Print) <u>EDWARD M. BRADLEY</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH <u>JULY-18-53</u> (Month) (Day) (Year)			
5. SEX <u>AN O</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>JAN-10-1872</u>			
9. AGE (In years last birthday) <u>81 YRS.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>K.R. CONDUCTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. CHARLES MO O</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>NELSON</u>		13b. MOTHER'S MAIDEN NAME <u>BRADLEY</u>		14. NAME OF HUSBAND OR WIFE <u>JULIA VOLKER MINNIE BRADLEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Bradley</u> ADDRESS <u>2346 KLEMM AV.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Recurrent Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				21. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) <u>420.1</u> (COUNTY) _____ (STATE) _____		21c. HOW DID INJURY OCCUR? _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>52</u> , to <u>July</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 17, 1953</u> , and that death occurred at <u>7 A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1703 S. Grand</u>		23c. DATE SIGNED <u>7-18-53</u>					
24a. BURIAL, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JULY-20-53</u>		24c. NAME OF CEMETERY <u>SUN SET BURIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>			
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schurz</u> ADDRESS <u>3125 Lafayette St.</u>							

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

NOV 16 1958

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.....
Joe Ballman

Licensed Embalmer No. *4814*

P. O. Address *312 7th St*

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.