

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44647**

FILED JAN 4 1954

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>545</u>		Registrar's No. <u>7266</u>	
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 OR TOWN <u>MAPLEWOOD</u>		c. LENGTH OF STAY (In this place) <u>20</u> <u>YES</u>		c. CITY OR TOWN <u>MAPLEWOOD</u>		d. Is Residence within limits of a city or incorporated town? <u>YES</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7400 GAYOLA PLACE</u>				e. STREET ADDRESS (If rural, give location) <u>7400 GAYOLA PLACE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>BRIDGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 19, 1953</u>				
5. SEX <u>MALE</u> <input checked="" type="radio"/>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR. 30, 1891</u>	
9. AGE (In years last birthday) <u>62</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ACCOUNTANT (C.P.A.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ACCOUNTING FIRM</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>PLATTS MOUTH NEBRASKA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JOSEPH BRIDGE</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIET SEELEY</u>		14. NAME OF HUSBAND OR WIFE <u>VERONICA BRIDGE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>1st W.W.</u>		16. SOCIAL SECURITY NO. <u>488-01-8295</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VERONICA BRIDGE</u> ADDRESS <u>7400 GAYOLA</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Bladder</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>21 months</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>181 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>MARCH, 1951</u> , to <u>DEC, 1953</u> , that I last saw the deceased alive on <u>Dec 19, 1953</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward J. Becken</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>205 Frisco Bldg St. Louis 1 Mo.</u>		23c. DATE SIGNED <u>12/21/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>12/23/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/21/53</u>		REGISTRAR'S SIGNATURE <u>Veronica Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Croghan</u> ADDRESS <u>7146 MANCHESTER AV ST. LOUIS 17 MO</u>			

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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 *Karl Morris*
Licensed Embalmer No. *336*
P. O. Address *St Louis*

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.