No. 300
10-48

FILED MAR 4 1954

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

5953

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1240

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

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

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 17 N Beaumont 221 10

**3. NAME OF DECEASED** (Type or Print)
a. (First): Ewing
b. (Middle):
c. (Last): Bradley

**4. DATE OF DEATH** (Month) (Day) (Year): 2 2 54

**5. SEX**: Male
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: March 24 1926
**9. AGE** (In years last birthday): 27 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Labor
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and State or Foreign Country): Tenn
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Josephine Bradley

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW #2
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME**: Josephine Bradley — ADDRESS: 2809 Benard

**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** — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage (right pleural cavity) and abdomen clotted and liquid blood, suffered when shot with shotgun in hands of one, Pairlee Lacey (col) in home at 2622 a Clark Ave. about 120 am

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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**: Feby 2, 1954 Homicide
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Homicide
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): St Louis Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Feby 2 54 1 20 A m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** E981X

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 505A m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Patrick E Taylor Coroner
**23b. ADDRESS**: 1300 Clark
**23c. DATE SIGNED**: 2.8.54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 2 9 54
**24c. NAME OF CEMETERY OR CREMATORY**: National Cemetery
**24d. LOCATION** (City, town, or county) (State): Jefferson Barrack Mo

**DATE REC'D BY LOCAL REG.**: FEB 9 1954
**REGISTRAR'S SIGNATURE**: J Carl Smith MD MDS
**25. FUNERAL DIRECTOR'S SIGNATURE**: A. H. Burke — ADDRESS: 3506 Franklin

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No. ...

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ...

Licensed Embalmer No. ...

P. O. Address ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.