

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

State File No. **10730**

FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 639

1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u> b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u> c. LENGTH OF STAY (in this place) <u>4 Mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; sufficient before institution) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u> c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u> <u>8 12 0</u> d. STREET ADDRESS (if rural, give location) <u>RR #2 Box 257</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>Maude</u> c. (Last) <u>Bradshaw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 11 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct. 18, 1881</u>			9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>72</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Murphysboro, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>John Barton</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel C. Lee</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ben Bradshaw RR #2 Maryville, Ill.</u>
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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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Arterio Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		19. INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Dec 15, 1953 to Mar 11, 1954, that I last saw the deceased alive on 3/11, 1954, and that death occurred at 5:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. H. Jensen</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>932 Newport at Grand Ave</u>	23c. DATE SIGNED <u>3-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar. 11, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Edwardsville Illinois</u>
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DATE REC'D BY LOCAL REG. <u>3/12/54</u>	REGISTRAR'S SIGNATURE <u>Walter R. Sonke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Mercer Granite Co. Lee</u>
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(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

Charles E. Mace

Licensed Embalmer No. *2988*

P. O. Address *Granite City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.