

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. **38573**

No. 300

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. **8757**

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL, and give town) **St. Louis**c. LENGTH OF STAY (In this place) **5 days**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY OR TOWN

Maplewood 4524d. Is Residence within limits of a city or incorporated town? Year No d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. John's Hospital**

e. STREET ADDRESS

(If rural, give location)

7727 Jerome Ave.

3. NAME OF DECEASED (Type or Print)

a. (First) **ANNA**b. (Middle) **ELIZABETH**c. (Last) **BRIDWELL**4. DATE OF DEATH (Month) (Day) (Year) **Sept. 24, 1954**

5. SEX

F

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1-31-1875

9. AGE (In years last birthday)

79

IF UNDER 1 YEAR

Months **7** Days **23**

IF UNDER 24 HRS.

Hours Min. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**10b. KIND OF BUSINESS OR INDUSTRY **At home**11. BIRTHPLACE (City and State or Foreign Country) **Missouri**12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME

Unknown Leath

13b. MOTHER'S MAIDEN NAME

Jane Minks

14. NAME OF HUSBAND OR WIFE

James A. Bridwell15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**16. SOCIAL SECURITY NO. **None**17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Walter Bridwell, above**

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)

MEDICAL CERTIFICATION

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Ulcerative Colitis & Hemorrhage**8**

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

As above (err)

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

572222. I hereby certify that I attended the deceased from **Sept 21, 1954**, to **Sept 24, 1954**, that I last saw the deceased alive on **Sept 23, 1954**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Eugene T. Smith, M.D.

23b. ADDRESS

University Club Bldg.

23c. DATE SIGNED

Sept 25, 195424a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE

9-27-1954

24c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

DATE REC'D BY LOCAL REG. **SEP 27 1954**

REGISTRAR'S SIGNATURE

J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

JAY B. SMITH, Maplewood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 26 1962

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..... *Ben Hallma*

Licensed Embalmer No.

P. O. Address.....

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.