

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4842

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo | |
| b. CITY (If outside corporate limits, write RURAL and give township) St Louis | | b. COUNTY | |
| c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN St Louis | |
| d. FULL NAME OF (If not in hospital, institution, give street address or location) HOSPITAL OR INSTITUTION Do A City Hospital No 1 | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) 22 12 17 S. 6 St. 2227 | | | |

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|--|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Bradford c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) 5 3 56 | | |
| 5. SEX male | | 6. COLOR OR RACE negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 8. DATE OF BIRTH Apr 14 1904 | | 9. AGE (In years last birthday) 52 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | |
| 11. BIRTHPLACE (City and State or Foreign Country) Antie Georgia | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Luella Unknown | | 14. NAME OF HUSBAND OR WIFE Beatrice Bradford | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME Beatrice Bradford | |
| | | | | ADDRESS 2825 Carline | |

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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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) II. OTHER SIGNIFICANT CONDITIONS | | Black and Internal Hemorrhage from Bullet Wound; suffered same shot with gun in hands of party at parties in the vicinity by 1226 to 6th Street, on May 13rd 1956 | | | DUE TO |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION about 535 am | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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|--|--|--|--|---|--|
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Homicide | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lot | | 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St Louis Mo | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 3 9 53 AM | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 545A m., from the causes and on the date stated above.

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|---------------------------------|--|----------------------------|--|-----------------------------|--|
| 23a. SIGNATURE James M Kelly | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 5-19-56 | |
|---------------------------------|--|----------------------------|--|-----------------------------|--|

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|--|--|----------------------|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Buried | | 24b. DATE 5.19.56 | | 24c. NAME OF CEMETERY OR CREMATORY Waughs | |
| 24d. LOCATION (City, town, or county) (State) East St Louis Ill | | | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. MAY 19 1956 | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE A.H. Burke | |
| | | | | ADDRESS 3506 Franklin | |

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

1956 and buried May 19-1956

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

No Embalming

Signed *A. H. (Barks)*

Licensed Embalmer No. 2

P. O. Address 3506 Fran

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.