

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17610**  
Registrar's No. **4309**

FILED MAY 25 1956  
BIRTH NO. **32923-36** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Missouri</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis - 4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>22 1126 a. South Ninth Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Baby</b> b. (Middle) <b>GIRL</b> c. (Last) <b>BRADLEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 - 1 - 56</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>5-1-56</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>GEORGE ALLEN BRADLEY</b>		13b. MOTHER'S MAIDEN NAME <b>ANTOINETTE BLASE</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Antoinette Bradley, 1126 S. 9<sup>th</sup> St. Louis</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anoxia of fetus</b> ANTECEDENT CAUSES <b>Prolopse of umbilical cord</b> 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.			INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <b>761.0</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>5-1</b> , 19 <b>56</b> , to <b>5-1</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>5-1</b> , 19 <b>56</b> , and that death occurred at <b>7:05A. m.</b> , from the causes and on the date stated above.					
22a. SIGNATURE <b>William Bernan MD</b> (Degree or title)		22b. ADDRESS <b>4624 N. Taylor Ave.</b>		22c. DATE SIGNED <b>5/1/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>MAY 2, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>	
DATE REC'D BY LOCAL REG. <b>MAY 2 1956</b>		REGISTRAR'S SIGNATURE <b>J. Cash Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutis 2906 Shawnee</b>	

**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

*Not Embalmed*

Signed.....  
*Leo J. Buddle*

Licensed Embalmer No. *398*

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.