

No. 305
10.4

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44174

FILED DEC 20 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2907

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a.-STATE <u>MISSOURI</u> b. COUNTY <u>ST BREWSTER MO</u>	
b. CITY OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>BRENTWOOD MO</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY</u>		e. STREET ADDRESS (If rural, give location) <u>3005 BRENTWOOD BLVD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MALCOLM</u> b. (Middle) _____ c. (Last) <u>BRADLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-4 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNMARRIED</u>	8. DATE OF BIRTH <u>10 April 1890</u>	9. AGE (In years last birthday) <u>66</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CLEANING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSISSIPPI (UNKNOWN)</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</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>YES</u> <u>WWI MAY 1918 - AUG 1918</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Sommer</u>	ADDRESS <u>3005 Brentwood Blvd</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>		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) _____ 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 <u>331X</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-2, 1956, to 12-4, 1956, that I last saw the deceased alive on 12-4, 1956, and that death occurred at 9:50pm m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. E. Smith M.D.</u>	(Degree or title)	23b. ADDRESS <u>601 S. Brentwood Blvd.</u>	23c. DATE SIGNED <u>12-6-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10 Dec 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jeff - De Nat'l Cemetery, Jemas, MO</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>12-10-56</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donahue, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Gardell & Sons Funeral Home</u>	ADDRESS <u>177 EAST Northham</u>
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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
Signature of Student Embalmer

Signed

Heard J. Gander

Licensed Embalmer No. *424*

P. O. Address *130 Elder*

White Grove Mo

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.