XC 7656147 SL 13301

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14498
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3778

. Health, & Welfare . Public h Service

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securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes X No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VA Hospital — Length of stay in 1b: 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois — b. COUNTY: Madison

c. CITY OR TOWN: Alton — Inside Limits: Yes X No ☐

d. STREET ADDRESS (If outside, give location): 1110 Putnam — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Nelson M. Bradshaw Jr. Middle Last

4. DATE OF DEATH: Month 4-19-57 Day Year

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: August 17, 1924

9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Route man

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): West Alton, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nelson M. Bradshaw

14. MOTHER'S MAIDEN NAME: Hilda Hellemeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 487206994

17. INFORMANT — Address: VA HOSPITAL RECORDS, ST. LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Acute hemorrhagic bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Unk.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Acute renal edema with uremia

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. VA attended the deceased from 4-9-57, to 4-19-57 and last saw her/him alive on 4-19-57. Death occurred at 7:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. K. Fitzpatrick M.D.

22b. ADDRESS: VAH, ST. LOUIS, MO.

22c. DATE SIGNED: 4-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 4/23/57

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Alton Ills

24. FUNERAL DIRECTOR: Gent Funeral Home — ADDRESS: Alton, Ills

25. DATE RECD. BY LOCAL REG.: APR 20 '57

26. REGISTRAR'S SIGNATURE: J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....Not Embalmed....., Student Embalmer No....75

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James Grandon

Licensed Embalmer No. 758

P. O. Address Allen I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.