

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1957

State File No. 33270

318

1003

7706

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7706					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Clair							
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 35 Days		c. CITY OR TOWN Monsanto		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 32 St. Lukes Hospital				e. STREET ADDRESS (If rural, give location) 32, 1429 Nichols Street 8128							
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) (Mac)		c. (Last) BRADSHAW					
4. DATE OF DEATH		(Month) Aug.		(Day) 16,		(Year) 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 4, 1900					
9. AGE (In years last birthday) 56		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) Policeman				10b. KIND OF BUSINESS OR INDUSTRY City Monsanto		11. BIRTHPLACE (City and State or Foreign Country) Jackson County, Ill.					
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Ellis Bradshaw		13b. MOTHER'S MAIDEN NAME Belle Welcher					
14. NAME OF HUSBAND OR WIFE Iola Bradshaw				15. 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. 702-18-9162					
17. INFORMANT'S SIGNATURE OR NAME Iola Bradshaw				ADDRESS Monsanto, Illinois							
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) EPIDERMOID CARCINOMA, SITE UNDETERMINED DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 191X				INTERVAL BETWEEN ONSET AND DEATH ??			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) m.		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 7/15/57, 19____, to 8/16/57, 19____, that I last saw the deceased alive on 8/16/57, 19____, and that death occurred at 7:40 P.M., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) William A. Young M.D.				23b. ADDRESS 3720 Washington, St. Louis		23c. DATE SIGNED 8/17/57					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/17/57		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois					
DATE REC'D BY LOCAL REG. AUG 19 57		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Kasaly East St. Louis, Ill.							

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed Student Embalmer No.
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed John Kassy.....

Licensed Embalmer No. 6855.....

P. O. Address East St. Louis.....

**Notes: 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.**