

Health
Welfare
Public
Service

800
-56

Factor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be traced. 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

ORIGINAL FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3844
STATE FILE NUMBER

Registration District No. 311 Primary Registration District No. 541 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City 5		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. L. County Hospital		Length of stay in 1b		d. STREET ADDRESS 7554 Drexel Dr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MR. CLARENCE DEXTER BRADLEY				4. DATE OF DEATH January 2, 1958			
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH May 16, 1889	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR		IF UNDER 25 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Regional Sales Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Natl. Biscuit Co.		11. BIRTHPLACE (City and state or country) Midland Michigan		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ashbel James Bradley				14. MOTHER'S MAIDEN NAME Rebecca Madill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 084-09-2931		17. INFORMANT Address Cleo R. Bradley (wife) 7554 Drexel Dr.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Self inflicted gunshot wound of the head (intracranial injury)							INTERVAL BETWEEN ONSET AND DEATH
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)							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Shot self with .32 cal. Smith & Wesson revolver					
20c. TIME OF INJURY Hour 12:34 Min. 05 Month, Day, Year 1/2/58		in bedroom of home where he was found by son on his return from school					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) bedroom of home		20f. CITY, TOWN, OR LOCATION COUNTY STATE University City St. Louis Mo.			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Raymond Hand Coroner				22b. ADDRESS Clayton, Mo.		22c. DATE SIGNED 1/7/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE Jan. 4, 1958		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, 6175 Delmar Bl.				25. DATE RECD. BY LOCAL REG. Jan 3, 58		26. REGISTAR'S SIGNATURE Herbert P. Donhe MD	

(Licensed Embalmer's Statement on Reverse Side)

ao

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 *James E. McCulloch*

Licensed Embalmer No. *276*

P. O. Address *6145 J*

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