

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 45 2 6 3

FILED VS JAN - 4 1960

211644

STATE FILE NUMBER

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo | | c. CITY OR TOWN St. Louis | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital | | d. STREET ADDRESS (If outside, give location) 4049 Enright Ave. | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM TUNNEY BRADFORD | | | 4. DATE OF DEATH Month 12 Day 13 Year 59 |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-15-1879 |
| 9. AGE (last birthday) 80 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Maintenance | | 10b. KIND OF BUSINESS OR INDUSTRY Union Electric Co | 11. BIRTHPLACE (City and state or country) Fulton, Missouri |
| 12. CITIZEN OF WHAT COUNTRY U.S.A | | 13a. FATHER'S NAME Andrew Bradford | |
| 13b. MOTHER'S MAIDEN NAME Luella ? | | 14. NAME OF HUSBAND OR WIFE Dead | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes | | 16. SOCIAL SECURITY NO. 493-05-0985 | |
| 17. INFORMANT Mildred O'Neal | | Address 4008 a. Sullivan Ave | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) POSTOPERATIVE ATELECTASIS OF LUNG DUE TO (b) SQUAMOUS CELL CARCINOMA OF RT LUNG DUE TO (c) 163x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from Nov. 59 to DEATH and last saw him alive on 12/13/59 Death occurred at 8:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Robert L. Ristue, M.D. | | 22b. ADDRESS 1325 So. GRAND. | 22c. DATE SIGNED 12/15/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 12/18/59 | 23c. NAME OF CEMETERY OR CREMATORY National Cemetery | 23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS C.W. Roberts Und. Co 1416 N. Taylor Ave | | 25. DATE RECD. BY LOCAL REG. DEC 16 1959 | REGISTRAR'S SIGNATURE Loan Smith, M.D. |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 A. Carter

Licensed Embalmer No. _____

P. O. Address _____

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.