

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-009357

FILED VS FEB 24 1960 317

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 331

UNDECEASED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	St. Louis	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Ballwin	c. CITY OR TOWN	St. Louis
Length of stay in 1b	3 Wks.	Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Home Pine Crest Home	d. STREET ADDRESS (If outside, give location)	2108 Waverly Pl.
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)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
ALONZO (Lonzo) BRADLEY			Feb. 1, 1960		
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR
Male	White		9/23/89	70	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY	
Fireman		Retired	Bertrand, Mo.	U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
John Bradley		Unknown		Iva Bradley,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address		
No		493 09 2347	Etchell Bradley, 2108 Waverly Pl.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arterio-sclerotic - Cardiac	
DUPLICATE (b)	Vascular Disease	
DUPLICATE (c)	422.1	
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 type="checkbox"/> NO <input checked="" 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.)
	None	
20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year
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 1-17-60 to 2-1-60 and last saw her alive on 1-26-60
 'Death occurred at 5:45 a.m. 2-1-60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED (State)
Allen M. McLaughlin	4308 Eyster St. St. Louis, Mo.	2-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
Removal	2/3/60	Memorial Park
24. FUNERAL DIRECTOR ADDRESS		23d. LOCATION (City, town, or county) (State)
McLaughlin, 2301 Lafayette, (4)		St. Louis Co., Mo.

25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
2-2-60	John B. Murphy, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. MCNEARNEY

4308 EXETER

MI 5-2348

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. Y. Farris

Licensed Embalmer No. 3384

P. O. Address H. Y. Farris

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