URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 7 1960

-60-025330

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1857

ENDED

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Glendale — Length of stay in 1b years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1280 Brownell — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Glendale — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1280 Brownell — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Marshall Middle Woods Last Bradley

4. DATE OF DEATH Month June Day 16 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-4-1890
9. AGE (last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Equitable Assurance
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (City and state or country) FRANKFORT ~~Georgetown~~ Ky
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas H. Bradley
13b. MOTHER'S MAIDEN NAME Elenor Woods
14. NAME OF HUSBAND OR WIFE Donelia Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. yes
17. INFORMANT Donelia Bradley, Address 1280 Brownell, Glendale

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion, acute — INTERVAL BETWEEN ONSET AND DEATH acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen arteriosclerosis — unlet.
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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. I attended the deceased from 1955, to 6/16/60 and last saw her/him alive on June 1-60
Death occurred at 6:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G M Ahern Mo / [illegible]
22b. ADDRESS 3915 Watson Rd
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE June 18, 1960
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS C.R. Lupton & Sons, St. Louis, Mo.
25. DATE RECD. BY LOCAL REG. 6-17-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Arnold W. Schoe

Signature of Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis,

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