

MICHIGAN DEPARTMENT OF PUBLIC HEALTH AND WELFARE											
STATE OF MICHIGAN											
REGISTRATION DISTRICT NO. <u>318</u> PRIMARY REGISTRATION DISTRICT NO. <u>1003</u> REGISTRAR'S NO. <u>5485</u> STATE FILE NUMBER <u>61-022337</u>											
AMENDED FILED JUN 26 1961											
1. PLACE OF DEATH a. COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri.</u>				Length of stay in 1b		c. CITY OR TOWN <u>Edwardsville</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Isherwood, Box No. 16</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Wardel</u> Middle <u>C.</u> Last <u>Bradley</u>						4. DATE OF DEATH Month <u>June</u> Day <u>10</u> Year <u>1961.</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8/24/1912</u>		9. AGE (last birthday) <u>48</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hod Carrier</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Granite City Steel</u>		11. BIRTHPLACE (City and state or country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Perry Bradley</u>				13b. MOTHER'S MAIDEN NAME <u>Ella Shaw</u>				14. NAME OF HUSBAND OR WIFE <u>Blanche A. Bradley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No Nil</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT Address <u>Blanche A. Bradley, Edwardsville, Illinois</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Extensive intra-Cranial Hemorrhage;</u> <u>Contrib: Comminuted fracture of the skull;</u> <u>Suffered in auto accident in vicinity of Edwardsville,</u> <u>Illinois, June 9, 1961 Cause and manner of same</u> DUE TO (b) <u>could not be determined</u> DUE TO (c) <u>could not be determined</u>										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) <u>8254-33</u>						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.) <u>See above</u>							
20c. TIME OF INJURY Hour <u>6-9-61</u> 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.) <u>7th street</u>		20f. CITY, TOWN, OR LOCATION <u>Edwardsville, Illinois</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.											
21a. SIGNATURE <u>Joseph J. [Signature]</u> (Degree or title)						21b. ADDRESS <u>1300 Clark</u>			21c. DATE SIGNED <u>6-12-61</u>		
22. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		22b. DATE <u>6/13/61</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		22d. LOCATION (City, town, or county) <u>Edwardsville, Illinois</u>			(State)		
24. FUNERAL DIRECTOR <u>Albert H. Hoppe, Inc., 4700 Washington Blvd.,</u>					25. DATE RECD. BY LOCAL REG. <u>JUN 12 1961</u>		26. REGISTRAR'S SIGNATURE <u>Loard Smith, M.D.</u>				

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 Robert M Murray

Licensed Embalmer No. 3749  
P. O. Address St Louis Mo

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.