

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-020589
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7685

AMENDED

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Length of stay in 1b 10 DAYS
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE MO. b. COUNTY JEFF.
c. CITY OR TOWN CRYSTAL CITY, MO. Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) CRYSTAL HEIGHTS Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First JOSEPHINE Middle C. Last BRADLEY 4. DATE OF DEATH 8-16-61 Month 8 Day 16 Year 61

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-16-25 9. AGE (last birthday) 35 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during the working life, even if retired) BEAUTY SHOP 10b. KIND OF BUSINESS OR INDUSTRY OWN BEAUTY SHOP 11. BIRTHPLACE (City and state or country) CRYSTAL CITY, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ANTONIO PICARELLA 13b. MOTHER'S MAIDEN NAME MARY DINOLFO 14. NAME OF HUSBAND OR WIFE LEROY BRADLEY CRYSTAL CITY, MO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT LE ROY BRADLEY Address CRYSTAL CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Carcinoma with pneumonia INTERVAL BETWEEN ONSET AND DEATH ONE WEEK
DUE TO (b) Carcinomatosis TWO MONTHS
DUE TO (c) Carcinoma, right breast THREEMONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170x 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 8-13-61 8:00 p.m. 8-16-61 and last saw her/him alive on 8-16-61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John D. Keeney, M.D. (Degree or title) 22b. ADDRESS 508 N. Grand Ave 22c. DATE SIGNED 8-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 8-19-61 23c. NAME OF CEMETERY OR CREMATORY CATHOLIC 23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.

24. FUNERAL DIRECTOR GENTRY R. POLITTE ADDRESS CRYSTAL CITY, MO. 25. DATE RECD. BY LOCAL REG. AUG 18 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED

INSTEAD OF DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF ITEM NO.

CLYD

SEP 12 1961

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

Anthony R. Palitto

Licensed Embalmer No. 3481

P. O. Address Crystal

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.