APR 30 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10139

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1122 File No.

Township CARONDELET Primary Registration District No. 6248 B Registered No. 90

City Jefferson Barracks, Mo. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME Lewis A. Bradbury

(a) Residence. No. U.S. Veterans Hospital, St. Ward.
(Usual place of abode) Jefferson Barracks, Mo. (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Emma H. Bradbury.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	47	10	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Surgeon.

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Veterans Hospital

(c) Name of employer U.S. Veterans Hospital, Jefferson Barracks, Mo.

9. BIRTHPLACE (CITY OR TOWN) Eureka Springs,
(STATE OR COUNTRY) Arkansas.

PARENTS

10. NAME OF FATHER Unavailable.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

12. MAIDEN NAME OF MOTHER Unavailable.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

14. INFORMANT C. H. Smith, Clinical Director.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED 5/26, 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26, 1930

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1930, to March 26, 1930, that I last saw him alive on March 26, 19..., and that death occurred, on the date stated above, at 10:30 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis

930

[illegible]

1168 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Coronary Artery Occlusion; Acute Fibrinous Pleurisy.

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown.

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF March 1, 1930.

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Course, Physical Examination & Laboratory findings

(Signed) W. C. Gibson, Medical Officer in Charge

, 19 (Address) U.S. Veterans' Hospital, Jefferson Brks, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wagoner Mausoleum

DATE OF BURIAL Mch 28 1930

20. UNDERTAKER Wagoner

ADDRESS 3621 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.