

Dr MAR 15 1935  
Flowers

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

Do not use this space.

45363

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis (No. 2406, Pendleton Ave)  
Registration District No.....  
Primary Registration District No.....

File No.....  
Registered No. 1699  
St..... Ward.....

2. FULL NAME

Robert Bradford  
2406 Pendleton Ave

(a) Residence, No. .... (Usual place of abode) ..... 11 Ward.  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 1932  
7. AGE YEARS: 2 MONTHS: 24 DAYS: 2 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER 13. NAME Claude Bradford

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Florence Shelton

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Claude Bradford  
2406 Pendleton Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLAC City Cemetery DATE 2/20/1935

19. UNDERTAKER (ADDRESS) Wm C McElverell  
3305 Franklin Ave  
20. FILED FEB 20 1935 19 JF Bredeck Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1934  
22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1934 to Dec 9, 1934  
I last saw him alive on Dec 9, 1934 Death is said to have occurred on the date stated above, at 2 P. M.  
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset Nov 26  
10/7/34  
10/11/34  
Other contributory causes of importance:  
Cold from specific

Name of operation..... Date of.....  
What test confirmed diagnosis..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) J. A. Flowers, M. D.  
(Address) 1711 N. 10th St.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A REQUIREMENT. 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.

