REC'D APR 11 1938

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

Do not use this space. 8535

1. PLACE OF DEATH
(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 2123
(c) City St. Louis, Mo. (d) Street No. 2724 Washington Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Belle Mackey Bradford 631
(a) Residence, No. 2724 Washington Ave. St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Rev. Chas. Bradford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk

7. AGE Abt. YEARS 63 yrs. MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
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. Jefferson Barracks

FATHER
13. NAME Frank Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

MOTHER
15. MAIDEN NAME Eliza Glover
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co, Mo.

17. INFORMANT (ADDRESS) Mrs. Maude Wilson 2724 Washington Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Musick, Mo. DATE March 5th 1938

19. FUNERAL DIRECTOR (ADDRESS) A. L. Beal Und Co. 2726 Lucas Ave.

20. FILED MAR 1 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1936, to Feb. 28, 1938
I last saw her alive on February 28, 1938. Death is said to have occurred on the date stated above, at 8:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Carcinoma of Left Breast with metastasis to liver, lungs + Neighboring lymph glands	

Other contributory causes of importance:
Terminal Broncho Pneumonia
Probable Pyonephrosis.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No.
If so, specify
(Signed) R. W. White, M. D.
(Address) 2424a N. Sarah St. St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

30M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, John E Pope, Licensed Embalmer No. 1463

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. John E Pope

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision:

Signed John E Pope 1463

Licensed Embalmer No. .....

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.)