

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH

27464

Do not use this space.

7478

## 1. PLACE OF DEATH

(a) County..... Registration District No. 1008  
(b) Township..... Primary Registration District No.  
(c) City St. Louis, Mo. (d) Street No. 3975<sup>A</sup> Enright Ave 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 3 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

Savannah Bradley  
(a) Residence, No. 3975 Enright Avenue St. 11  
(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 <u>Female</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20, 1873.</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>1</u>
	DAYS <u>27</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Housework</u>
	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)	<u>Alabama</u>	
FATHER	13. NAME	<u>Green McField</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown</u>
MOTHER	15. MAIDEN NAME	<u>Sarah ? ? ?</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown</u>
17. INFORMANT (ADDRESS)	<u>Novella Foley</u> <u>3975 Enright Avenue.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Washington Park</u> DATE <u>8/22/1938.</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>E. L. Garner Und. Co</u> <u>2829 Washington Blvd</u>	
20. FILED	<u>J. F. Bradley</u> Local Registrar.	

## MEDICAL CERTIFICATE OF DEATH

*No Disposition in Attendance*  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/17/38 19  
22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 6:15 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis;  
Arterio Sclerosis;

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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? 4  
If so, specify.....  
(Signed) Alfred Perry M.D.  
(Address) Deputy Coroner

**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 3994  
Isaac Jerome Manlove or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 3655 Windsor A.

**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 this body is not embalmed, above space should be left blank.**