

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.

COPIED JUL 12 1939

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

20321
Do not use this space.

1. PLACE OF DEATH

(a) County..... 3 Registration District No. 791

(b) Township..... Primary Registration District No. 1003

(c) City or St. Louis, Mo. (d) Street No. City Home Registered No. 5165
(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 yrs. mos. ds. 4496 Maryland
634

2. PRINT FULL NAME Jacob Lawrence Bradley

(a) Residence, No. 19 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Bradley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 8

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Xenia Ill.

FATHER

13. NAME Henry Bradley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Xenia Ill.

MOTHER

15. MAIDEN NAME Unk.

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

17. INFORMANT Curtis P. Bradley
(ADDRESS) 7734 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Xenia Ill DATE June 9, 1939

19. FUNERAL DIRECTOR (NAME) Hancock
(ADDRESS) Flora, Ill.

20. FILED JUN 8 1939 J. F. Budich
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7-39

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 4:35 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset 946

Other contributory causes of importance:

arteriosclerosis

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? _____
If so, specify _____
(Signed) Alfred G. Perry, M.D.
(Address) Regency Corridor

(Licensed Embalmer's Statement on Reverse Side)

Em Blank personal

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

Signed.....
Licensed Embalmer No.....
P. O. Address.....

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.