E8583

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D OCT 14 1939 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31285

Registration District No. 1003

Primary Registration District No.

Registrar's No. 8348

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days

In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Lemay NR
(If outside city or town limits, write "RURAL")

(d) Street No. 9820 Erie Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Lee Bradford 631

3. (b) If veteran, name war none

3. (c) Social Security No. 493-03-5668

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Nora

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased December 13, 1902 (Month) (Day) (Year)

8. AGE: Years 36 | Months 9 | Days 12 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Dry Cleaner

11. Industry or business Denos Bros

FATHER
12. Name John Bradford
13. Birthplace Monticello (City, town, or county) N. Y. (State or foreign country)

MOTHER
14. Maiden name Carrie Gowan
15. Birthplace De Soto, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lee Bradford
(b) Address 9820 Erie Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/39 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem

18. (a) Signature of funeral director E. N. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) SEP 29 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26, year 1939 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from September 17, 1939, to September 26, 1939, that I last saw him alive on September 26, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lateral Sinus Thrombosis	
Septicemia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Lateral Sinus Thrombosis
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. Friedenwald (M. D. or other)
Address 1515 Lafayette Date signed 9/27/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 8-17-39

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 L. D. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayett

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.