

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 756 Primary Registration District No. 5997

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town West Alton, Mo.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 3-0
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 1 3/4

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town West Alton
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1940 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Held Inquest, July 22-1940, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Accidental Drowning.

Due to while swimming
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No
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) Accident
(b) Date of occurrence July 22 1940
(c) Where did injury occur? near West Alton, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Missouri River
(Specify type of place)
While at work? swimming (e) Means of injury 3

23. Signature John Buse (M. D. or D. O.) Coroner
Address Coroner St. Charles Co. Mo.

8. (a) PRINT FULL NAME Louis James Bradshaw
8. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July (Month) 24 (Day) 1923 (Year)

8. AGE: Years 16 Months 11 Days 28 If less than one day hr. _____ min. _____

9. Birthplace West Alton, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farm Hand

11. Industry or business _____

12. Name Fred Bradshaw
13. Birthplace West Alton, Mo.
14. Maiden name Alta Neubauer
15. Birthplace East St. Louis, Ill.

16. (a) Informant Fred Bradshaw
(b) Address West Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25-1940
(Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery, West Alton, Mo.

18. (a) Signature of funeral director H.C. Ballinger & Sons Co.

(b) Address 800 N. Second, St. Charles, Mo.

19. (a) July 25 1940 (Date received local registrar) (b) [Signature] (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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7/24/40

1982

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 *John E. Dallmeyer*

Licensed Embalmer No. *2951*

P. O. Address *St. Charles, Mo.*

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.