

4-13-40
5-17-39
PI X2315

FILED DEC 7 1940

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

Registration District No. **784**

Primary Registration District No. **109**

Registrar's No. **2265**

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Maplewood Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community..... **3**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Webster Groves Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. #20 Harper Place
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Hayes Bradshaw
 3. (b) If veteran, name war.....
 3. (c) Social Security No. 22

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 30th,
 year 1940 hour 10/45 minute A M.

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

21. I hereby certify that I attended the deceased from August, 1940, to 11/30/40, 19...;
 that I last saw her alive on 11/30/40, 19...;
 and that death occurred on the date and hour stated above.

7. Birth date of deceased April 9th, 1892
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>21</u>	hr. _____ min.

Due to 930
 Due to _____

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

Other conditions Ulcer, complicated requiring 6 mos.
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

11. Industry or business 5

12. Name Michael Hayes

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

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Burnes

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Bradshaw

(b) Address 20 Harper Place Webster Groves

17. (a) Burial (b) Date thereof 12/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Walter C. ...
 (b) Address Clayton Rd At Concordia Lane

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence no
 (c) Where did injury occur? no
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? no (e) Means of injury no

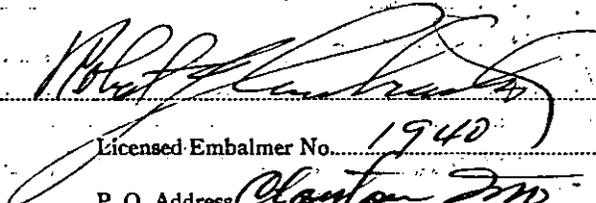
19. (a) NOV 30 1940 (b) W. J. ...
(Date between local registrar) (Registrar's signature)

23. Signature W. J. ... (M. D. or other) M.D.
 Address 1900 Belt Ave Date signed 11/30/40

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. 1940
P. O. Address Clayton 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, fact should be so stated above.