

FILED FEB 24 1942  
Registration District No. **791**

Primary Registration District No. **1003**

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

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:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **ST LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5701 FINKMAN AVE**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Zeno Bradley**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **MARY BRADLEY** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **5-9-1883**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **7** Days **11** If less than one day hr. min.

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

10. Usual occupation **Metal Finisher**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Zeno Bradley**

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

14. Maiden name **Ann Grant**

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

16. (a) Informant **John Bradley**

(b) Address **467 Evergreen**

17. (a) \_\_\_\_\_ (b) Date thereof **12/20/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters**

18. (a) Signature of funeral director **Jullian Barr**

(b) Address **7849 N. Grand**

19. (a) **DEC 20 1941** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **19**  
year **1941** hour **7** minute **50** A.M.

21. I hereby certify that I attended the deceased from **December 6, 1941** to **December 19, 1941**;  
that I last saw him alive on **December 19, 1941**;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Syncope of the aorta**  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **as above**

Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **Devin O'Brien** (M. D. or other) \_\_\_\_\_  
Address **1515 Lafayette** Date signed **12/19/41**

844

**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.....

*Albert Mayfield*

Licensed Embalmer No.....

*3077*

P. O. Address.....

*St Louis 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.**