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1-4-41  
-17-39  
X26390

STANDARD CERTIFICATE OF DEATH

1941

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 5206

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Barnard Free Skin & Cancer Hosp  
(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 Stoddard  
(c) City or town Dexter  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Bradshaw

3. (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 (Day) (Year)

7. Birth date of deceased Jan. 2 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 5 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name Leish Bradshaw

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

14. Maiden name Carrie Ramsey

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

16. (a) Informant H. Bradshaw (Barnard Skin Cancer)  
(b) Address 3600 Washington Hospt.

17. (a) Burial (b) Date thereof 6/16/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Dexter, Mo.  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Albert H. Hoppe Inc.  
(b) Address 4700 Washington

19. (a) JUN 15 1942 (b) J. F. Bradshaw  
(Date received at local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1942 hour 2 minute 40 P.M.P.

21. I hereby certify that I attended the deceased from April 27  
1942 to June 14 1942  
that I last saw him alive on June 14 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Thrombosis 6/1/42

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Exfoliative Dermatitis Feb. 42  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature W.C. Herald M.D. (M.D. or other)  
Address Barnard Free Skin & Cancer Hosp signed 6/14/42

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

103  
NR 1

**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.....

*Gus W. Dietrich*

Registered Apprentice No. *295*

working under my personal supervision.

Signed.....

*Albert G. Hooper*

Licensed Embalmer No. *2971*

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, fact should be so stated above.**