

S. No. 2
M-5-42
5-17-39
X32273

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28557

State File No. _____

FILED SEP 18 1942
Registration District No. **918**

Primary Registration District No. **1003**

Registrar's No. **7500**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution:
3761 Laclède
(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 **12**

(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **9 19**

(d) Street No. **3761 Laclède** (If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **John Frederick Bradford**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **355-09-6037**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **6th**
year **1942** hour **10:20** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

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 **Aug. 31, 1881**
(Month) (Day) (Year)

Immediate cause of death **Chronic Filariasis Nephritis**
Patent's sclerosis

Due to _____

Due to _____

8. AGE: Years **61** Months **0** Days **15** If less than one day _____ hr. _____ min.

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

9. Birthplace **Litchfield, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **William Van Buren Bradford**

13. Birthplace **Litchfield, Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Louisa Mulcomb**

15. Birthplace **Salem, Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Bradford**

(b) Address **3761 Laclède**

17. (a) **Removal** (b) Date thereof **9/10/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Litchfield, Illinois**

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? _____

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**

(b) Address **4700 Washington Ave.**

19. (a) **SEP 8 1942** (b) **J. B. Brudeck**
(Date received for registration) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature **Alfred Perry** (M. D. or other) **3**

Address _____ Date signed **9/8/42**

(Licensed Embalmer's Statement on Reverse Side)

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

77

4103

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. 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.