

S. No. 2
4-5-42
5-17-39
D I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37974

State File No. 538

FILED DEC 10 1942
1942

Registration District No. 101 Primary Registration District No. 101

Registrar's No. 2290

96
322
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 512 Selma Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mary A. Braden

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

20. DATE OF DEATH: Month Nov. day 2
year 1942 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from 9-30-42
11-2-42

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife James W. Braden 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 6 1860
(Month) (Day) (Year)

that I last saw her alive on 11-2-42
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration 1 day

8. AGE: Years 82 Months 0 Days 27 If less than one day hr. min.

Due to thromb + acute apoplexy 2 mm

Due to rupture of liver ?

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

10. Usual occupation none

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name John Carter Bradshaw

13. Birthplace Unknown W. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Susan Bradshaw
15. Birthplace Unknown Penn.
(City, town, or county) (State or foreign country)

Major findings: Of operations 12/6/1

Of autopsy Generalized arteriosclerosis Pulmonary edema, Combined pleur

16. (a) Informant Frances K Tursey

(b) Address 512 Selma Ave.

17. (a) Burial (b) Date thereof 11-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem. Mittelberg Fun. Home

18. (a) Signature of funeral director

(b) Address Webster Groves Mo.
19. (a) NOV 3 - 1942 (b) C.B. McFarland
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury

23. Signature (M. D. or other) Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.

10. Usual occupation AT HOME
11. Industry or business —
- MOTHER FATHER { 12. Name JOHN C. BRADSHAW
13. Birthplace FREDERICKSBURG VA
(City, town, or county) (State or foreign country)
14. Maiden name SUSAN COLLIGAN
15. Birthplace POTTSVILLE PA
(City, town, or county) (State or foreign country)
16. (a) Informant Francis K. Turvey
- (b) Address 577 Selma Ave
17. (a) BURIAL (b) Date thereof 11-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation ST PETERS CEMETERY
18. (a) Signature of funeral director MITTELBERG UNDERTAKERS
- (b) Address NEASTER GROVES, MO
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?
(Specify type of place)
- While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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.....

Thelma S. Bournley

Licensed Embalmer No. *4203*.....

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.

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