

FILED JAN 13 1943 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 18 days
(Specify whether _____)
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3703 Vista
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME

Matilda Bradshaw

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 29 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation House work

11. Industry or business laborer

12. Name JAMES CONNOR

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

14. Maiden name Hannah Scott

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

16. (a) Informant Malinda Reynolds

(b) Address 26 So Channing Ave

17. (a) Burial (b) Date thereof 12-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cnty.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) DEC 30 1942 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27,
year 1942 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from November 9,
1942 to December 27, 1942;
that I last saw her alive on December 27, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Sub-dural Hemorrhage (Autopsy) 3 weeks
Bronchopneumonia (Autopsy) 1 week

Due to _____

Due to _____

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 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? _____ (c) Means of injury _____

23. Signature J. E. Smith (M. D. or other) _____
Address 26 So Channing Ave Date signed 12/29/42

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

MOTHER FATHER

