

Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

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:  
4243 E. Garfield /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(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. 4243 E. Garfield  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Charlotte Bradshaw

3. (b) If veteran, name war..... No 3. (c) Social Security No. None

4. Sex Fem 5. Color or Race Col 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased..... November 7, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>1</u>	hr. min.

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

10. Usual occupation..... Maid

11. Industry or business.....

12. Name..... William Owens  
 13. Birthplace..... Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name..... Esther Cook  
 15. Birthplace..... Greenville Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Will Owens  
 (b) Address..... 4243 E. Garfield

17. (a) Burial (b) Date thereof..... 7/13/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Greenwood Ceme

18. (a) Signature of funeral director..... R. M. C. Green  
 (b) Address..... 3517 Laclede Ave

19. (a) SEP 11 1943 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-5 day 8th  
 year 1943 hour about 9 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 9 30  
1943 to 5 2nd 8th 1943

that I last saw her alive on 9-8-43 and that death occurred on the date and hour stated above.

Immediate cause of death..... Cancer of stomach? Senility

Due to.....

Due to.....

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

Major findings:  
 Of operations.....

Of autopsy.....

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..... Dr. J. J. Winston (M. D. or other)  
 Address..... 2743 Franklin Date signed..... 9-9-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FILED SEP 21 1943

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**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. 1173

P. O. Address 3517 Sackville Ave

**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.**