

LED OCT 27 1943 318
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 506 Gerald Place
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Janet Frances Bradshaw

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife G. C. Bradshaw 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Oct. 12, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 0 2 _____ hr. _____ min.

9. Birthplace Middelboro Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Henry O. King

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

14. Maiden name Sarah Banwell

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

16. (a) Informant G. C. Bradshaw

(b) Address 506 Gerald Pl. Ferguson.

17. (a) Entombment (b) Date thereof 10/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director L. M. White

(b) Address Ferguson, Mo.

19. (a) OCT 18 1943 (b) J. F. Brubaker
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1943 hour 5:30 minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 10th 1943, to Oct. 14 1943.

that I last saw her alive on Oct. 14 1943, and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE LYMPHATIC LEUKEMIA

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 F. R. Bradley (M. D. or other) _____
Address BARNES HOSPITAL Date signed 10/17/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

R. M. White

Licensed Embalmer No. *3973*

P. O. Address *Ferguson, 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.