

FILED DEC 13 1943
Registration District No. 1818

Primary Registration District No. 1003

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

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:
2224 rear Delmar Blvd.
(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)

3. (a) PRINT FULL NAME Emma Bradford

3. (b) If veteran, name war.....
 No

3. (c) Social Security No.....
 No

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced.....
Single

6. (b) Name of husband or wife.....
 No

6. (c) Age of husband or wife if alive..... years
 No

7. Birth date of deceased March 24, 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

33 7 28 hr. min.

9. Birthplace Jackson County, Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation Lived at home

11. Industry or business None

12. Name John Bradford

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

14. Maiden name Bradford

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

16. (a) Informant Luella Bradford

(b) Address 2224 rear Delmar Blvd.

17. (a) Burial (b) Date thereof 11-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Greenwood

18. (a) Signature of funeral director A.L. Beal Und. Co.

(b) Address 2726 Lucas Avenue

19. (a) NOV 26 1943 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County any
 (c) City or town St. Louis 219
(If outside city or town limits, write "RURAL")
 (d) Street No. 2224 rear Delmar
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22nd
 year 1943 hour 11 minute 30 am

21. I hereby certify that I attended the deceased from Nov. 15
1943 to Nov 22, 1943
 that I last saw her alive on Nov. 22, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease

Due to.....
 Due to.....

Other conditions. (Include pregnancy within 3 months of death)
John A. Williams
 Major findings: none
 Of operations.....

Of autopsy no

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 John A. Williams (M. D. or other) 0
2617 1/2 Franklin Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

William Claude Gordon

Licensed Embalmer No. *3489*

P. O. Address. *4575 Aldine*

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.