S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39558

FILED DEC 22 1943

Registration District No. 3 SPS

Primary Registration District No. 1003

Registrar's No. 10837

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Peoples' Hospital 0
(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: 000

(a) State Missouri (b) County 17

(c) City or town Saint Louis 91
(If outside city or town limits, write "RURAL")

(d) Street No. 6321 Colorado Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country --- 0

3. (a) PRINT FULL NAME ELGIE M. BRADLEY

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Eugene O. Bradley

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September (Month) 8 (Day) 1896 (Year)

8. AGE: Years 47 | Months 2 | Days 28 | If less than one day hr. min.

9. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business ---

FATHER
12. Name Cyrus L. Tyler 1
13. Birthplace Cadiz (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Perkins 1
15. Birthplace Cadiz (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Eugene O. Bradley

(b) Address 6321 Colorado Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) DEC 8 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th year 1943 hour 10: minute 00 P. M.

21. I hereby certify that I attended the deceased from 12/3, 1943 to 12/6, 1943 that I last saw him alive on 12/6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy 3 days

Due to Hypertension 1 7

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address [signature] Date signed 12-8-43

(Licensed Embalmer's Statement on Reverse Side)

(TAYLOR)

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 Thomas J. Gates, Registered Apprentice No. ____, working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.