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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

....THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25452

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7596

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:
Residence; 5130 Washington Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5130 Washington Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ROBERT SAMUEL BRADSHAW.

3. (b) If veteran, name war unk

3. (c) Social Security No. 494-18-8116

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Blanche H. Bradshaw.

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

7. Birth date of deceased Sept. (Month) 21 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	11	9	hr. min.

9. Birthplace Clover (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Retired

11. Industry or business ?

FATHER
12. Name Robert Van Bradshaw.
13. Birthplace Halifax County (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Nannie Brittain.
15. Birthplace Halifax County (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs. Blanche H. Bradshaw.
(b) Address 5130 Washington Blvd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 1, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) AUG 30 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1945 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from Dec 6, 1933, to Aug 30, 1945 that I last saw him alive on Aug 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of colon — Duration 1½ yrs

Due to ?

Due to 46

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? (Specify type of place)
While at work? No (e) Means of injury

23. Signature Samuel B. Grant (M. D. or other)
Address 164 N. Taylor Ave Date signed 8/30/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. [redacted] Va. [redacted]
114 No. Taylor
JE-8600

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 J. T. Lupton

Licensed Embalmer No. # 2122

P. O. Address St. Louis, 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.