

No. 2
-12-45
5-17-39
I X47070

FILED MAR 24 1947
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **2498**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: De Paul 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 _____
years, months or days

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. 4954 Highland Ave.
(If rural, give location) 17
69
0

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Bradley

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec. 13th. 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

MOTHER FATHER

11. Industry or business _____

12. Name John Bradley

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

14. Maiden name Mary Delaney

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

16. (a) Informant Susan Bradley

(b) Address 4954 Highland Ave.

17. (a) Burial (b) Date thereof 3/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir.

(b) Address 2849 North Euclid Ave.

19. (a) MAR 10 1947 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th.
year 1947 hour 12.30 minute P.M.

21. I hereby certify that I attended the deceased from Mar 3 1947
_____ 19____ to Mar 8 1947
that I last saw him alive on Mar 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatative heart
CL Myocarditis

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: In vertebrae

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) Accident

(b) Date of occurrence February 1, 1947

(c) Where did injury occur? Home - St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? NO (Specify type of place) (c) Means of injury Fall

23. Signature G. H. Revery (M. D. or other) MD

Address 2342 Adams Date signed _____

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

Dr. A. H. Sewing
2342 St. Louis Ave.
CH. 2013

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.....

.....
working under my personal supervision.

Registered Apprentice No.
Signed *Robert L. Brunkman*
Licensed Embalmer No. *3553*

P. O. Address.....

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.