

Registration District No. **318**

Primary Registration District No. **1003**

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: **Homer G. Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **Life**
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **ada**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **21 2352 Pine Street.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Emma Catherine Bridgeford.**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro** 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 **November 4, 1874**
(Month) (Day) (Year)

8. AGE: Years **72** Months **9** Days **24** If less than one day
.....hr.min

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

10. Usual occupation **Housework**

11. Industry or business.....

12. Name **John Bridgeford**

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

14. Maiden name **Julia**

15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marcella Campbell**

(b) Address **3951 Evans Ave.**

17. (a) **Burial** (b) Date thereof **9/2/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address **1416 No. Taylor Ave**

19. (a) **AUG 29 1947** (b) **J. F. Braddock**
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Aug 28** day.....
year **1947** hour..... minute **05** P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Lobar Pneumonia
Due to.....

Due to.....
108

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?..... (Specify type of place)
While at work..... means of injury.....

23. Signature **[Signature]** (M. D. or other).....
Address **[Signature]** Date signed **8/29/47**

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

Smith

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 *Fulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *Thomas B...*

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.