

S. No. 2
M-5-43
7-5-17-39
P. I X36671

FILED NOV 14 1947

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10033**

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

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:
2909a Easton Avenue
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 17

(d) Street No. 2909a Easton Avenue
21 (If rural, give location) 7

(e) Citizen of foreign country?..... (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME ELLEN BRADLEY

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

3. (c) Social Security No.

4. Sex Female 5. Color or race Col.

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased. June 26, 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th
year 1947 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from Oct 23, 1947 to Oct 27, 1947
that I last saw her alive on Oct 26, 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>4</u>	<u>1</u>	hr. min.

Immediate cause of death Pneumonia Duration 3 da

Due to Pneumonia from a Chronic condition 2 mo

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace Gregory, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Lewis Bright

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

14. Maiden name Unk.

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

Major findings:
Of operations.....

Of autopsy.....

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

MOTHER FATHER

16. (a) Informant Mrs. Laura Shavers Robinson

(b) Address 2909a Easton Avenue

17. (a) Burial (b) Date thereof 11-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director E. B. Neuge

(b) Address 1221 N. Grand Blvd.

19. (a) OCT 30 1947 (b) J. F. Braseck
(Date received local registrar) (Registrar's signature)

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?.....

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

23. Signature J. M. Baldwin (M. D. or other) M.D.

Address 225a N. Jefferson Avenue Date signed 10/29/47

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..... *Eugene Miles*.....
Licensed Embalmer No. *3623*.....
P. O. Address: *1221-N. Grand*.....

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.