No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

17413

State File No. 4854

FILED JUN 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USING 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: St. Mary's Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 hours (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. 307a East Broadway 11
(If rural, give location)

(e) Citizen of foreign country? NR. (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Infant by Bradley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race col.

6. (a) Single, widowed, married, divorced single 0

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

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

7. Birth date of deceased May 24, 1948 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	20 hr. min.

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

10. Usual occupation None

11. Industry or business Infant

FATHER
12. Name Booker T. Bradley
13. Birthplace Harrisville (City, town, or county) Mississippi (State or foreign country) 1

MOTHER
14. Maiden name Alberta Adams
15. Birthplace Penola, (City, town, or county) Alabama (State or foreign country) 1

16. (a) Informant Booker T. Bradley
(b) Address 307a East Broadway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation E.St.Louis, Ill. Booker Wash. Cem.

18. (a) Signature of funeral director C. F. Nash
(b) Address 3847 Page Blvd.

19. (a) MAY 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1948 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from 5/24 (CST)
, 19 , to 5/25 , 1948;
that I last saw him alive on 5/25 , 1948
and that death occurred on the date and hour stated above.

Immediate cause of death atelectasis of lungs

Due to congenital deformity

Due to dwarfism -DWARFISM

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 161

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 E. F. Woodson (M. D. or other) M.D.

Address 93 Sn 2nd Date signed 5/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) E.F.WOODSON

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.....C. J. Nash.....

Licensed Embalmer No.....2435.....

P. O. Address.....3847 Pa.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.