

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

1. PLACE OF DEATH:

(a) County None
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5165 Lindell Blvd. (rear
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 37 years
years, months or days)

3. (a) PRINT FULL NAME

BRADLEY, James

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Mattie

6. (c) Age of husband or wife if alive abt 53 years

7. Birth date of deceased February 8th 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 11 hr. _____ min.

9. Birthplace Hope Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business _____

12. Name Peter Bradley

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

14. Maiden name Emma Muldrew

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

16. (a) Informant Martha Ballard

(b) Address 5165 Lindell Blvd (rear

17. (a) Burial (b) Date thereof 12/22/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) DEC 21 1948 (b) J. B. Lanster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5165 Lindell
12 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th,
year 1948 hour 6 minute 15 a.m.

21. I hereby certify that I attended the deceased from
Nov. 23d 1948, to December 19, 1948
that I last saw him alive on December 19th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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?

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

23. Signature A. James O'Leary (M. D. or other) _____
Address 4730a Page Blvd. Date signed _____

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.....

Paul V. Freeman....., Registered Apprentice No. *276*
working under my personal supervision.

Signed.....

John K. Cunningham

Licensed Embalmer No. *4476*.....

P. O. Address. *4107 Finney Avenue*.....

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.