

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28839
 State File No.

FILED SEP 6 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1996</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson Barracks, Mo.</u>		c. LENGTH OF STAY (In this place) <u>29 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Alton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Adm. Hosp. Jeff. Bks. Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>2456 Seminary</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nelson</u>		b. (Middle) <u>M.</u>		c. (Last) <u>BRADSHAW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 17, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 20, 1895</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>		11. BIRTHPLACE (State or foreign country) <u>West Alton, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Robert Bruce Bradshaw</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Hawk</u>	
14. NAME OF HUSBAND OR WIFE <u>Hilda</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>327-07-0044</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Eugene F. Nolan, Registrar</u>				ADDRESS <u>Vet. Adm. Hosp. Jeff. Bks. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Metastases from Cancer of rectum blocking both ureters</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>154x</u>	
19a. DATE OF OPERATION <u>8/2/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cystoscopy</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY _____ (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 19, 1949</u> , to <u>August 17, 1949</u> , that I last saw the deceased alive on <u>August 17, 1949</u> and that death occurred at <u>12:45 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L.E. Stilwell</u> (Degree or title) <u>Chf. Prof. Services</u>				23b. ADDRESS <u>Vet. Adm. Hosp. Jeff. Bks. Mo.</u>		23c. DATE SIGNED <u>8/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal - rail</u>		24b. DATE <u>8/18/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>To: Staten Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>At: Alton, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>8-18-49</u>		REGISTRAR'S SIGNATURE <u>Robert R. Sawyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u> ADDRESS <u>U.&L. Co., St. Louis, Mo.</u>			

AL-MC

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7824 S. Broadway

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.