

FILED MAR 23 1950

STANDARD CERTIFICATE OF DEATH

10202

State File No. 2235
Registrar's No. 2235

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 5 1/2 mos.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION CITY CONFIRMARY d. STREET ADDRESS (If rural, give location) 5381 Patton Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) George b. (Middle) _____ c. (Last) Bradford

4. DATE OF DEATH (Month) (Day) (Year) March 6, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 15, 1877 9. AGE (In years: last birthday) 72 10 UNDER 1 YEAR Months Days 11 UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 2 Years 10b. KIND OF BUSINESS OR INDUSTRY Welder 11. BIRTHPLACE (State or foreign country) Hope, Missouri 12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Samuel Bradford 13b. MOTHER'S MAIDEN NAME Mattie Howard 14. NAME OF HUSBAND OR WIFE Clementine Bradford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 489-03-9779 17. INFORMANT'S SIGNATURE OR NAME Mrs. Clementine Bradford ADDRESS 5381 Patton Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 years many years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7:30 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept 20, 1949 to March 6, 1950, that I last saw the deceased alive on March 6, 1950, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cetus J. Krag, M.D. 23b. ADDRESS 5600 Arsenal St St Louis 23c. DATE SIGNED 6 March 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE March 8, 1950 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. MAR 8 1950 REGISTRAR'S SIGNATURE J. B. Hasater 25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home ADDRESS 1167 Hamilton Ave,

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Elmo R. Padwell

Signed
Student Embalmer

Licensed Embalmer No. 4077

P. O. Address _____

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.