

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13819

FILED APR 27 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3565

3

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

| | | | |
|---|-----------------------------------|---|-------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | <u>2179</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to City Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>3652a Shenandoah</u> | <u>0</u> |

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|-------------------------------------|--------------------------|----------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Curtis</u> | b. (Middle) <u>L</u> | c. (Last) <u>Bradley</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1951</u> |
|-------------------------------------|--------------------------|----------------------|--------------------------|---|

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|--------------------|-------------------------------|---|--|---|------------------------|-----------------------|-----------------------|
| 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>March 14, 1879</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Hours | IF UNDER 15 MIN. Min. |
|--------------------|-------------------------------|---|--|---|------------------------|-----------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter Rtd.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>--</u> | 11. BIRTHPLACE (State or foreign country) <u>Xenia, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Lester Bradley</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Friend</u> | 14. NAME OF HUSBAND OR WIFE <u>Minnie Bradley</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Bradley</u> | ADDRESS <u>3652a Shenandoah</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| | | |
|--|--|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>APR 1</u> |
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22. I hereby certify that I attended the deceased from _____, 1951 to _____, 19____, that I last saw the deceased - alive on _____, 19____, and that death occurred at 1:53 P.M., from the causes and on the date stated above.

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|---|--------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Patrick L. Taylor, M.D.</u> (Degree or title) | 23b. ADDRESS <u>1300 Clark</u> | 23c. DATE SIGNED <u>4-16-51</u> |
|---|--------------------------------|---------------------------------|

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|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-16-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Xenia, Illinois</u> |
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|----------------------------------|---|---|--------------------------------|
| DATE RECORDED <u>APR 16 1951</u> | REGISTRAR'S SIGNATURE <u>J. B. Casata</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> | ADDRESS <u>4700 Washington</u> |
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APR 16 1951

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

J. Wm. Binkley

Licensed Embalmer No. *3658*

P. O. Address. *St. Louis, Mo*

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.