

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13822  
318 1003 Registrar's No. 3958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3958

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo. 2189</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4323 Manchester</u>		d. STREET ADDRESS (If rural, give location) <u>4323 Maple Hester</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>H.</u> c. (Last) <u>Bradshaw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 17 51</u>		
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Apr 1908</u>		9. AGE (In years, Months, Days) <u>43</u>		10. IF UNDER 1 YEAR: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mill</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mill</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Mill</u>		13b. MOTHER'S MAIDEN NAME <u>Mill</u>	
14. NAME OF HUSBAND OR WIFE <u>Mill</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Mill</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>V. O. Smith</u>		18. ADDRESS <u>1000 York</u>		19. MEDICAL CERTIFICATION	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) <u>Ruptured Aorta</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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)	
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>H32X</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE <u>John M. Quinn</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>4/20/51</u>	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <u>6 APR 27 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24d. LOCATION (City, town, or county) (State)		24e. NAME OF FUNERAL HOME		24f. ADDRESS	

DATE RECEIVED BY LOCAL REGISTRY		REGISTRAR'S SIGNATURE <u>J B Fester</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland McCreary</u> ADDRESS <u>1104 Manchester Ave. St. Louis 10, Mo.</u>	
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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 \_\_\_\_\_

*Students of Mortuary College*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*James G. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.