No. 300
10.48

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28082

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7357

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo
c. LENGTH OF STAY (in this place): 12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East St. Louis 8120
d. STREET ADDRESS (If rural, give location): 1304 St. Louis Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Mason
b. (Middle): Gilbert
c. (Last): Bridwell

4. DATE OF DEATH (Month) (Day) (Year): August 16 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/1/1900
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 5, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Kentuckey
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Chas. Bridwell
13b. MOTHER'S MAIDEN NAME: Katherine Ames
14. NAME OF HUSBAND OR WIFE: Camille Bridwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 356-07-1219
17. INFORMANT'S SIGNATURE OR NAME: Camille Bridwell — ADDRESS: E. St. Louis

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Posterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 2 years
DUE TO (c) —

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

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

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? — 4200

22. *I hereby certify that I attended the deceased from* April 14, 1951, *to* July 16, 1951, *that I last saw the deceased alive on* July 16, 1951, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. P. Elmer, MD
23b. ADDRESS: Mo Pacific Hospital
23c. DATE SIGNED: 8/16

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/16/51
24c. NAME OF CEMETERY OR CREMATORY: Marissa
24d. LOCATION (City, town, or county) (State): Marissa, Illinois

DATE REC'D BY LOCAL REG.: AUG 17 1951
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D., K.P.
25. FUNERAL DIRECTOR'S SIGNATURE: John J. Kassly — ADDRESS: E. St. Louis, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed working under my personal supervision.

Student Embalmer No.....

Signed Joseph J. Kunsly

Signed.....
Student Embalmer

Licensed Embalmer No. [illegible] 7541

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.