

FILED APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14077  
Registrar's No. 3594

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4365 Lindell Blvd.		d. STREET ADDRESS (If rural, give location) 19 4365 Lindell Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) SIDNEY c. (Last) BRADWAY		4. DATE OF DEATH (Month) (Day) (Year) April 15, 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH March 6, 1873.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Messenger		10b. KIND OF BUSINESS OR INDUSTRY Railway Express	9. AGE (In years last birthday) 79
11. BIRTHPLACE (State or foreign country) Little Chute, Wisconsin.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Bradway	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Katherine Huether.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Edward O.S. Bradway. 4365 Lindell Blvd.

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		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arterial sclerosis DUE TO (c) Senile dementia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4/20/52

22. I hereby certify that I attended the deceased from March 19, 1952, to April 15, 1952, that I last saw the deceased alive on April 14, 1952, and that death occurred at 9:20 Am., from the causes and on the date stated above.

23a. SIGNATURE: ALTHAUS (Degree or title) [Signature]	23b. ADDRESS: Luter Bldg, Missouri	23c. DATE SIGNED: 4/15/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE: April 18, 1952	24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri		

DATE REC'D BY LOCAL REG. APR 16 1952	REGISTRAR'S SIGNATURE: [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Carl J. Althaus,  
Lister Bldg.,  
4500 Olive St.

Phone - Forest 1953

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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.....  
Student Embalmer

Signed

*Helix J. Krupin*

Licensed Embalmer No. 3497

P. O. Address 1936 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.