

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14984

State File No. ....

FILED MAY 9 - 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1178

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b> 4002		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>CLAYTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>WINDY PLAINS PARK</b> 4160	
c. LENGTH OF STAY (in this place) <b>30 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>3516 OAKDALE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS COUNTY HOSP</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>DELLIE</b>	c. (Last) <b>BRADLEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5 3 52</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAR-30-1889</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>3</b>	IF UNDER 22 yrs. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STOCK CLERK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FAMOUS-BARR</b>	11. BIRTHPLACE (State or foreign country) <b>WINGO-KENTUCKY</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>WILL BRADLEY</b>	13b. MOTHER'S MAIDEN NAME <b>MATTIE STOREY</b>	14. NAME OF HUSBAND OR WIFE <b>MARLE BRADLEY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>404-09-6459</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Marle Bradley</b> ADDRESS <b>3516 Oakdale</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <b>cor Pulmonale</b>		
	DUE TO (c) <b>Pulmonary Emphysema, Senile</b>		
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 <b>5271</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4-30, 1952** to **5-3, 1952** that I last saw the deceased alive on **5-3, 1952**, and that death occurred at **8:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ernest H. Schaper, M.D.</b>	23b. ADDRESS <b>601 S. Brentwood Clayton</b>	23c. DATE SIGNED <b>5-3-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>5-3-52</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>HICKMAN-KENTUCKY</b>
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DATE REC'D BY LOCAL REG. <b>5-3-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Domke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. R. Tanner</b> ADDRESS <b>6107 Natural Bridge</b>
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. W. m. Binkley* .....

Licensed Embalmer No. *3653*

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.