

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21775**  
Registrar's No. **6011**

FILED JUL 9 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GRAND &amp; MAGNOLIA</b>		d. STREET ADDRESS (If rural, give location) <b>15 4511 TENNESSEE AV.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>C.</b> c. (Last) <b>BRADSHAW.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE-24-52</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>FEB.-23-1885</b>
9. AGE (In years last birthday) <b>67 YRS</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired R.R. Switchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MO PACIFIC</b>	
11. BIRTHPLACE (State or foreign country) <b>MONROE CITY ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>STEPHAN BRADSHAW</b>		13b. MOTHER'S MAIDEN NAME <b>CORA HUGHES</b>	
14. NAME OF HUSBAND OR WIFE <b>Selma BRADSHAW.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Selma Bradshaw</b> ADDRESS <b>4511 Tennessee Av</b>	
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) <b>Acute Cardiac Decompensation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> 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 <b>none</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>none</b>		22. I hereby certify that I attended the deceased from <b>Jan - 1</b> 19 <b>50</b> , to <b>June 24, 1952</b> , that I last saw the deceased alive on <b>June 19, 1952</b> and that death occurred at <b>11 AM</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Joseph A. Lembeck M.D.</b>		23b. ADDRESS <b>1755 S. Grand Blvd</b>	
23c. DATE SIGNED <b>6-26-52</b>		24. LOCATION (City, town, or county) (State) <b>St. Louis City Mo.</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>June 28-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hiram Cemetery</b>		24d. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>J. Cash Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schur</b> ADDRESS <b>3125 Lafayette Av</b>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUN 27 1952</b>	

**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 \_\_\_\_\_

*Joseph B. Hollman*

Licensed Embalmer No. 4014

P. O. Address 3125 DuPont St

**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.