

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32768**
Registrar's No. **8670**

FILED OCT 1 1952

REG. DIST. NO. **318**

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

BIRTH NO. _____

REG. DIST. NO. _____

PRIMARY REG. DIST. NO. _____

REGISTRAR'S NO. _____

REGISTRAR'S NO. **8670**

1. PLACE OF DEATH a. COUNTY St. Louis mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis mo		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 20 YRS.		d. STREET ADDRESS (If rural, give location) 1729 Nicholson, Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hospital		e. STREET ADDRESS (If rural, give location) 1729 Nicholson, Place	
3. NAME OF DECEASED (Type or Print) a. (First) WARD b. (Middle) RICHARD c. (Last) BRADLEY - SR.		4. DATE OF DEATH (Month) (Day) (Year) Sept. 14 52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 4, 1899
9. AGE (In years last birthday) 53		10. MONTHS 1	11. DAYS 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Conductor		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (State or foreign country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward M. Bradley		13b. MOTHER'S MAIDEN NAME Minnie Thurman	
14. NAME OF HUSBAND OR WIFE Stella Bradley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 702 14 4401		17. INFORMANT'S SIGNATURE OR NAME Ward R. Bradley, Jr., 2730 Geyer, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. cardiac disease INTERVAL BETWEEN ONSET AND DEATH 15 yrs ANTECEDENT CAUSES mitral stenosis DUE TO (b) Rheumatic fever 30 yrs 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 <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 410X	
22. I hereby certify that I attended the deceased from February, 1951 , to 9/8, 1952 , that I last saw the deceased alive on 9/8, 1952 , and that death occurred at 3:22 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. C. Freeman, M.D.		23b. ADDRESS 1755 So. Grand Ave	
23c. DATE SIGNED 9-15-52		24. LOCATION (City, town, or county) (State) St. Louis County, Mo	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE Sept. 17, 1952	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Pk.	
24d. DATE RECEIVED BY LOCAL REG. SEP 16 1952		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, 2301 Lafayette	

WRITE PLAINLY—USING UNEADING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

James R. Superior

Licensed Embalmer No. 4550

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.