

STANDARD CERTIFICATE OF DEATH

S. No. 300
v. 10.48

FILED JAN 10 1953

318

1003

State File No. 11585
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 11585			
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY					
b. CITY OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>St. Louis 2259</i>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hosp = 2</i>				d. STREET ADDRESS (If rural, give location) <i>25 1126 Hadley</i>					
3. NAME OF DECEASED a. (First) <i>Jessie</i> (Type or Print)			b. (Middle)		c. (Last) <i>Bradley</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>11 24 52</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE		7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>1925</i>			
9. AGE (In years last birthday) <i>27</i>		10. MONTHS		11. DAYS		12. HOURS			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Wife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Wife</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Texas</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13a. FATHER'S NAME <i>Wife</i>			13b. MOTHER'S MAIDEN NAME <i>Wife</i>			14. NAME OF HUSBAND OR WIFE <i>Wife</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way and dates of service) <i>Wife</i>			16. SOCIAL SECURITY NO. <i>Wife</i>		17. INFORMANT'S SIGNATURE OR NAME <i>J. E. Taylor</i>			ADDRESS <i>1300 Clark</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____									
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
DUE TO (b) <i>Arteriosclerotic</i>									
DUE TO (c) <i>Heart Disease</i>									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
<i>Acute Pulmonary Edema</i>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4200</i>					
22. I hereby certify that I attended the deceased from <i>1951</i> to <i>1952</i> , that I last saw the deceased alive on <i>12/31/52</i> , and that death occurred at <i>4:30 p.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>Paul Smith</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>12/27/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>12-31-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>DEC 17 1952</i>		REGISTRAR'S SIGNATURE <i>Paul Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland Mortuary Service</i>		ADDRESS			

2331

WRITE PLAINLY—USING UNFADING 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

Howard F. Rowland

Licensed Embalmer No. 3114

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.