

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27263**

FILED AUG 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1996**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 225	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. LENGTH OF STAY (In this place) 2 Yrs.	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) S. c. (Last) Bradt		4. DATE OF DEATH (Month) (Day) (Year) July 21st 1953	
5. SEX <input type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 27, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mailman		10b. KIND OF BUSINESS OR INDUSTRY Gov't.	9. AGE (In years last birthday) 75
11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Abram G. Bradt		13b. MOTHER'S MAIDEN NAME Minette Stover	
14. NAME OF HUSBAND OR WIFE (late) Lillian Bradt		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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. V. Buchschacher ADDRESS 6618 Eyler, St. Louis, Mo.	
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) Chronic Myocarditis ANTECEDENT CAUSES Arterio-Sclerosis DUE TO (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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221	
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?	
22. I hereby certify that I attended the deceased from July 20 , 19 51 , to July 21 , 19 53 , that I last saw the deceased alive on July 19 , 19 53 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE R. W. Mason (Degree or title)		23b. ADDRESS M. D. 932 Newport-Walker Groves	
23c. DATE SIGNED 7-21-53			
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-21-53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
DATE REC'D BY LOCAL REG. 7-21-53	REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith Funeral Home 7156 Manchester, Maplewood, Mo.	

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 *NOT EMBALMED* Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John B. Hardy*
Licensed Embalmer No.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.