

FILED AUG 2-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23512**
Registrar's No. **5837**

BIRTH NO. **52493-55** 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 X | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Jefferson | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (Specify place) | c. CITY (If outside corporate limits, write RURAL and give township) Imperial | | d. STREET ADDRESS (If rural, give location) 5001 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Booth Memorial Hospital | | | d. STREET ADDRESS (If rural, give location) | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) | | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) 6/27/55 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 6/27/55 | 9. AGE (In years last birthday) | 10. CITIZEN OF WHAT COUNTRY? |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo | | 12. CITIZEN OF WHAT COUNTRY? |
| 13a. FATHER'S NAME Tom Lee Bradshaw | | 13b. MOTHER'S MAIDEN NAME Juanita Doris Mabery | 14. NAME OF HUSBAND OR WIFE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Juanita Bradshaw | | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aphyxiation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature delivery & placenta & membranes accompanying the fetus DUE TO (c) about 5-6 mo. gestation | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 7625 | | | | |
| 22. I hereby certify that I attended the deceased from 6/27 , 19 55 , to 6/27 , 19 55 , that I last saw the deceased alive on 6-27 , 19 55 , and that death occurred at 7:45 P.M. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE J. M. Baxter M.D. | | 23b. ADDRESS 1506 S. Jefferson # | 23c. DATE SIGNED 6/27/55 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 7-30-55 | 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | |
| DATE REC'D BY LOCAL REG. JUL 7 1955 | REGISTRAR'S SIGNATURE J. C. Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service 4104 S. Webster Ave. St. Louis 10, 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.