U.S. No. 300
Rev. 10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9964

FILED MAR 18 1957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1767

1. PLACE OF DEATH
a. COUNTY ~~Lutheran Hospital St. Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis, Mo.
c. LENGTH OF STAY (In this place) 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 15 Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ~~Mo.~~ Missouri
b. COUNTY Jeff.
c. CITY OR TOWN Herculaneum
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 29 Circle Street, ~~Mo.~~ 18 0500 0

3. NAME OF DECEASED (Type or Print)
a. (First) Donald
b. (Middle) Lee
c. (Last) Bradley

4. DATE OF DEATH (Month) 2 (Day) 20 (Year) 57

5. SEX M 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single SINGLE 0
8. DATE OF BIRTH Sept. 10, 1938 Sept. 8
9. AGE (In years last birthday) 18 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Herculaneum, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Roscoe N. Bradley
13b. MOTHER'S MAIDEN NAME Eunice De Clue
14. NAME OF HUSBAND OR WIFE Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roscoe N. Bradley Herculaneum, Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH 4 mos (four)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) intestinal obstruction

DUE TO (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 200.1

19a. DATE OF OPERATION 10-26-56
19b. MAJOR FINDINGS OF OPERATION Lymphosarcoma of ileum
20. AUTOPSY? YES ☒ NO ☐ 1

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-23, 19 56, *to* 2-20-57, 19____, *that I last saw the deceased alive on* 2-20-, 19 57, *and that death occurred at* 1:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Louis J. K. Huan, M. D.
23b. ADDRESS 2639 Miami St. Louis 18, MO.
23c. DATE SIGNED 2-20-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 23, 1957
24c. NAME OF CEMETERY OR ~~CREMATORY~~ Catholic Cemetery
24d. LOCATION (City, town, or county) (State) Herculaneum Mo.

DATE REC'D BY LOCAL REG. FEB 21 '57
REGISTRAR'S SIGNATURE J. Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James R. Cady Crystal City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James Richard Cady

Licensed Embalmer No. 4309

P. O. Address CRYSTAL C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu
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.