

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023146

STATE FILE NUMBER

6038

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Inside Limits Yes No c. CITY OR TOWN St. Louis Inside Limits Yes No

25 FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION SR. LOUIS CITY Length of stay in 1b HOSP.#1. 159 d. STREET ADDRESS 4136 Virginia (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last BART R. BRADFORD 4. DATE OF DEATH Month Day Year JUNE 11, 1958

5. SEX Male Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED 8. DATE OF BIRTH 2/6/1877 9. AGE (In years birthday) 81 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Wabash RR 11. BIRTHPLACE (City and state or country) Morris Hill, Indiana/ 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Rufus Bradford 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Mary

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 Address Glenn Bradford--4136 Virginia Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 1/ Cerebral Thrombosis of basilar artery due to arteriosclerosis.
DUE TO (b) 2/ Bronchopneumonia.
DUE TO (c) 3/ 332x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
INTERVAL BETWEEN ONSET AND DEATH 14 days
19. WAS AUTOPSY PERFORMED? YES NO 2

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/28/58 to 6/11/58 and last saw her alive on 6/11/58
Death occurred at 7:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. O. Craig M.D. (Degree or title) 22b. ADDRESS 1515 LAFAYETTE AVE. 22c. DATE SIGNED 6/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6/14/58 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE 3634 Gravois 25. DATE RECD. BY LOCAL REG. JUN 12 58 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.A.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57
O

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 _____
Signature of Student Embalmer

Signed Delis J. Krupin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.