

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-004825
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 280

AMENDED

FILED JAN 29 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Louis</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u>		Length of stay in 1b <u>YRS</u>		c. CITY OR TOWN <u>Kirkwood</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>825 Cheviot Court</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>825 Cheviot Court</u>	
3. NAME OF DECEASED (Type or print)		First <u>William</u> Middle <u>Edgar</u> Last <u>Bradley</u>		4. DATE OF DEATH Month <u>January</u> Day <u>22</u> , Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-30-1918</u>	9. AGE (last birthday) <u>43</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Frontenac Cleaners</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaners</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Stephen K. Bradley</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett Yesley</u>	
14. NAME OF HUSBAND OR WIFE <u>Billie R. Bradley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>yes W.W.I</u>		16. SOCIAL SECURITY NO. <u>yes</u>	
17. INFORMANT <u>Mrs. Billie R. Bradley</u>		Address <u>825 Cheviot Ct.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Coronary Atherosclerosis</u>		<u>2 hrs</u>	
		DUE TO (c) <u>Arterial Sclerotic Heart Disease</u>		<u>3 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days.	
<u>None</u>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3</u> a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>11/11/60</u> to <u>1/22/62</u> and last saw him alive on <u>1/22/62</u>		Death occurred at <u>3</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles Burnside M.D.</u>		22b. ADDRESS <u>2064 W Argonne Kirkwood</u>		22c. DATE SIGNED <u>1/22/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>1-24-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	
23d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>C.R. Lupton and Sons 7233 Delmar Blv'd.</u>		25. DATE RECD. BY LOCAL REG. <u>1-22-62</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>					

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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