

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044003

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 1003 Registrar's No. 10851

FILED NOV 30 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY St. Louis

c. CITY OR TOWN St. Louis Length of stay in 1b Life

d. STREET ADDRESS (If outside, give location) 4753a. Vernon Ave

3. NAME OF DECEASED (Type or print) First Middle Last Chester Bradley, Jr

4. DATE OF DEATH Month Day Year November 9, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9/1/1912 9. AGE (last birthday) 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Self Employed 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Chester Bradley 13b. MOTHER'S MAIDEN NAME Rosa Brunner 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes N.A. 16. SOCIAL SECURITY NO. N.A. 17. INFORMANT Address Miss Hulda Brunner 4515a. Flad 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) Severe Coronary Artery Disease  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with recent myocardial infarction. 4209  
DUE TO (c)

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Carl J. Simon* Deputy coroner 22b. ADDRESS 1300 Clark St 22c. DATE SIGNED 11/10/1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Auto) 23b. DATE 11/12/62 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) New Haven, Missouri

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blvd 25. DATE RECD. BY LOCAL REG. 11-12-62 26. REGISTRAR'S SIGNATURE *Earl Smith, M.D.*

**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 Jim E McCallon

Licensed Embalmer No. 2460

P. O. Address 617 1/2 Rd

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.