MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11085

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3086

City St. Louis (No. 1521 Hampton Av. St. ..... Ward)

2. FULL NAME Walter H. Brady

(a) Residence. No. 1521 Hampton Av. St., 14 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Henrietta E. Brady

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15, 1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
31	0	1	

8. OCCUPATION OF DECEASED Soft Drinks
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

PARENTS

10. NAME OF FATHER Lawrence Brady
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Margaretha Crowby
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Henrietta E. Brady
(Address) 1521 Hampton Av.

15. FILED ..... 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 16, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1928, to March 16, 1928, that I last saw h. ~~Mr.~~ alive on Mar 15, 1928, and that death occurred, on the date stated above, at 11 50 P. m.

93c THE CAUSE OF DEATH* WAS AS FOLLOWS:
101 A

Chronic Myocarditis (duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Acute Bronchitis non Tubercular (duration) yrs. 1½ mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

O DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J H Simon, M. D

March 17, 1928 (Address) 4000 Chouteau

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New St. Marcus Cemetery
DATE OF BURIAL: Mar. 20 1928

20. UNDERTAKER: Kriegshauser U. Co. Manchester Av.
ADDRESS: 4104

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.