

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.

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

Do not use this space.

22380

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis*(No. *St. Marys. Garfmany*)

File No.

Registered No. 6570

St. Ward)

2. FULL NAME

(a) Residence. No. *1342 Merchants St.* *22* 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

Oct. 29. 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, — hrs. or — min.

*51**7**22*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

10. NAME OF FATHER

Lawrence Brady

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Bridget Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mia

14.

INFORMANT

(Address)

William McGolden

15.

FILED

JUN 22 1928

Max C. Stanley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

6/20 1928

17.

I HEREBY CERTIFY That I attended deceased from *6/15*, 1928, to *6/20*, 1928, that I last saw him alive on *6/20*, 1928, and that death occurred, on the date stated above, at *7:40 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Segmoid
fibromyoma of uterus
1166
3/13

(duration) *3* yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Post Operative Shock
(duration) yrs. mos. da. *1*

18. WHEN WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH?

Yes DATE OF *6/19/28*

WAS THERE AN AUTOPSY?

Yes

WHAT TEST CONFIRMED DIAGNOSIS?

Autopsy & Operation

(Signed)

P. Mabin

M. D.

, 19

(Address)

1536 Papin St.

*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

DATE OF BURIAL

*Cemetery**June 23 1928*

20. UNDERTAKER

ADDRESS

*Edw. F. Howard & Son**4212 St. Louis Ave*

