JAN 28 1929

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

Do not use this space.

42440

1. PLACE OF DEATH

County St. Louis, Registration District No. 1123 File No. 42440

Township Coronadel Primary Registration District No. 6248 B Registered No. 429

City Jefferson Barracks, (No. Mo., U.S. Veterans Hosp. St. Ward)

2. FULL NAME John E. Brady

(a) Residence. No. 1244-A Hodiamont Ave., St. Louis, Mo. Ward. (Usual place of abode)

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.

F. R. WAGNER, M.D., Medical Officer In Charge (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
42	42	3	16	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer ---

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

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

14. INFORMANT J. E. Wheeler, M.D., (Address) U.S.V. Hosp. JeffersonBrks., Mo.

15. FILED Dec. 20, 1928 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1928, to Dec. 20, 1928 that I last saw him alive on Dec. 20, 1928, and that death occurred, on the date stated above, at 4:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pellagra

54 62

(duration) Un yrs. kn mos. own ds.

CONTRIBUTORY (SECONDARY) ---

(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? -----

0 DID AN OPERATION PRECEDE DEATH? No DATE OF -

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Evidence.

(Signed) R. E. Doyle, M.D.

, 19 (Address) USV. Hosp. JeffersonBrks., Mo.

*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 Calvary DATE OF BURIAL Dec 22 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039

Arthur J. Donnelly Wash

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD