

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

8051

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. mo. Pac. Hosp) St. Ward

File No.
 Registered No. 2053
 St. Ward

2. FULL NAME

Isaac Keith Brady 2345 WALLIS AVE
 (a) Residence, No. St. 17 Ward. Overland Mo
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Mary Helen Brady

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 yrs — 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ticket seller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Terminal R.R.

10. Date deceased last worked at this occupation (month and year) Feb. 1930 11. Total time (years) spent in this occupation 44 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor Ill.

13. NAME Jos. W. Brady

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor Ill.

15. MAIDEN NAME Cynthia Van Sant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mary Helen Brady
 (ADDRESS) 2345 Wallis Overland, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's Cemetery DATE 3-2-1933

19. UNDERTAKER Baumgardner Bros and Co
 (ADDRESS) 2324 Woodson Rd Overland, Mo

20. FILED MAR -1 1933 Isaac C Stanley
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1933, to Feb 28, 1933

I last saw him alive on Feb 27, 1933. Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis Date of onset 3 mo.
93D
Acute Myocardial De-compensation

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) Isaac C Stanley, M. D.
 (Address) 1755 South Grand, Mo. Pac. Hosp

