

JAN 26 1937

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

Do not use this space.

47242

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Jefferson Primary Registration District No. 6248-H
City Richmond Heights (No. St. Mary's Hospital: 1) St. _____ Ward)

File No. _____
Registered No. 302

2. FULL NAME Nellie M. Brady

(a) Residence, No. 1915 Marcus Ave. St. _____ 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 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 Wm. P. Brady

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk, Intl. Rev.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME John Feeherty

14. BIRTHPLACE (CITY OR TOWN) Canada
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary A. McGowan

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

17. INFORMANT Birdie Hogan
(ADDRESS) 6115a Pershing Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan. 2, 1937

19. UNDERTAKER Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd.

20. FILED Dec. 30 1936 Sam A. Bassett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sep 15 1936 to Dec 29 1936
I last saw her alive on Dec 29 1936 death is said to have occurred on the date stated above, at 4:10 P.M.

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

mitral stenosis
Coronary Occlusion
Congestive Heart Failure

Date of onset

1935?

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? ECG Was there an autopsy? _____

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? If so, specify _____

(Signed) Rafusella M.D.
(Address) 415 Beaumont Bldg

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.

MARGIN RESERVE FOR BINDING

V. S. NO. 2
10078-3-28-35

Dr. Rissella

3720 Washington Blvd.