

WRITE PLAINLY, WITH UNFADING INK. 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.

MAY 7 1937

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

Do not use this space.

14801

1. PLACE OF DEATH.

County Christian Hosp. Registration District No. 791
Township St. Louis Primary Registration District No. 1003 /
City Mo. (No.) St. Ward

File No.
Registered No. 4297

2. FULL NAME

Stillborn Brady
(a) Residence, No. 8351 Octavia St. N.R. Ward. Jennings 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7-1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mts.
Stillborn - 8 mo fetus.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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 Mo.
(STATE OR COUNTRY)

13. NAME Thomas Patrick Brady

14. BIRTHPLACE (CITY OR TOWN)..... Livingworth Kan.
(STATE OR COUNTRY)

15. MAIDEN NAME Emma Louise John

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

17. INFORMANT Thomas Patrick Brady
(ADDRESS) 8351 Octavia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laboratory DATE April 7 1937

19. UNDERTAKER Christian Hosp.
(ADDRESS) #511 N. Kincaid

20. FILED APR 26 1937
J. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from 4/7/37, 19....., to....., 19.....

I last saw him never saw alive 19..... Death is said to have occurred on the date stated above, at 9:24 P.

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

Stillbirth. Date of onset

Other contributory causes of importance
Neurotoxicity

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) J. Predeck, M. D.

(Address) 615 W. 10th St. St. Louis, Mo.

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