

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.

OCT 14 1937

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

32247
Do not use this space.

1. PLACE OF DEATH
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City St. Louis (d) Street No. 5443 N. Union Blvd. Registered No. **8301**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME Thomas McBrady
(a) Residence, No. 5443 N. Union Blvd. St. 7 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah McBrady</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1853</u>		
7. AGE <u>aut. 84</u>	YEARS	MONTHS
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Boiler</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Maker</u>		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1937 19

22. I HEREBY CERTIFY, That I attended deceased ~~last~~ on Sept 1, 1937, to 1937, 19...
I last saw h. alive on Sept 1, 1937. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset known

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

13. NAME Wm. McBrady

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mr. Joseph McBrady
(ADDRESS) 5443 N. Union Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Sept. 4 1937

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

20. FILED SEP 9 1937 J. Bredeck
Local Registrar.

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X 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
Do specify

(Signed) R. R. Menovier, M. D.
(Address) 5330 Geraldine

STATEMENT BY LICENSED EMBALMER

I, W.H Van Matre Licensed Embalmer No. 2825

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed W.H Van Matre

Licensed Embalmer No. 2825

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)