

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.

REC'D JUN 9 1938

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

16604
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... ST LOUIS

3
1
Registration District No. 791
Primary Registration District No. 1008

Registered No. 4465
14th Front St, 2009, Delmar Boulevard & Hwy

(d) Street No. 14th Front St, 2009, Delmar Boulevard & Hwy
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 3 yrs. 1 mos. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

WILLIAM BRADY
(a) Residence, No. 1414 FRANCIS St. 21 (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 MALE 4. COLOR OR RACE COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 3 1907

7. AGE YEARS 31 MONTHS 2 DAYS 27 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as saw mill, bank, etc. Soft Cab
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0
13. NAME John SLEDGE 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO 0
15. MAIDEN NAME ELLA LEWIS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO

17. INFORMANT (ADDRESS) JESSE WATTS BROWN 1414 FRANCIS ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE May 16 1938

19. FUNERAL DIRECTOR (ADDRESS) J. W. CHAMBERS 3100 Franklin Ave

20. FILED J. D. Bredeek Local Registrar.

No other contributory factors

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 10 1938

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:24 A.M.

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

Pac Meningitis,
Oedema of brain,
Chronic aortitis (cause unknown)
Cardiac Hypertrophy

Other contributory causes of importance: 95%

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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) Alfred G. Perry M.D.
(Address) Delmar Boulevard

MAY 16 1938

