

REC'D FEB 10 1939

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

791  
100390  
Do not use this space.

90

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis ..... (d) Street No. Desloge Hospital ..... St.  
(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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME. Thomas M. Brady

(a) Residence, No. 4456 Oakland Ave. ..... St. 18 .....  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bridget E. Brady

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 1 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk  
9. Industry or business in which work was done, as saw mill, bank, etc. Liggett Myers Co.  
10. Date deceased last worked at this occupation (month and year) Retired 7 yrs. 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Michael Brady  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Ellen Kittenheiner  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Bridget E. Brady  
(ADDRESS) 4456 Oakland Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 2-3, 193919. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary  
(ADDRESS) 4104 Manchester Ave.20. FILED JAN 3 1939 J. D. Brader  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1938, to Jan 3, 1939  
I last saw him alive on Jan 3, 1939. Death is said to have occurred on the date stated above, at 3:25 A.M.  
The principal cause of death and related causes of importance were as follows:

N  
Arteriosclerotic Heart Disease 1933  
Congestive Heart Failure 4 days

Other contributory causes of importance:

Hypertension 1933Name of operation None Date ofWhat test confirmed diagnosis? All Clinics (Were 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?.....

If so, specify

(Signed) J. D. Brader M. D.(Address) 418 Humboldt Bldg

*J. Anthony Brennan*  
*Embalmer*  
R  
1220  
to  
5110

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Edward M. Permut*  
Licensed Embalmer No. 3024  
P. O. Address \_\_\_\_\_

**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.)**  
**If this body is not embalmed, above space should be left blank.**