

JAN 28 1939

REC'D FEB 7 1939

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

Do not use this space.

1. PLACE OF DEATH

County *St Louis*
Township *Carondelet*
City *Koch* (No.) St. Ward)

Registration District No. *784*
Primary Registration District No. *200*

File No. *3960*
Registered No. *167*

2. FULL NAME

630 *Dane Brady*

(a) Residence, No. *4453 Alder* St. Ward.

Length of residence in city or town where death occurred yrs. mos. *19* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Austrada Clark*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-2-1912*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *26* *4* *24 1/2*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *worker in cleaning establishment*

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) *July 1938* 11. Total time (years) spent in this occupation *?*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Duncan Miss.*

13. NAME *Dane Brady*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Carolina*

15. MAIDEN NAME *Lillie Susan*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mississippi*

17. INFORMANT *Koch Hospital Record* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Duncan Miss* DATE *Jan 28 1939*

19. UNDERTAKER *C. Mason* (ADDRESS) *4200 K. Denver Ave*

20. FILED *JAN 28 1939* *J. R. Meyer M.D. Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-26-39*

22. I HEREBY CERTIFY, That I attended deceased from *1-7*, 19*39*, to *1-26-39*, 19*39*

I last saw him alive on *1-25-39*. Death is said to have occurred on the date stated above, at *6:30* m.

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

Pulmonary Tbc. Date of onset *1938*

Other contributory causes of importance: *Tuberculosis meningitis 1938*

Name of operation Date of What test confirmed diagnosis? *Sputum* 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? *no* If so, specify (Signed) *Josell June Lavin M. D.* (Address) *Robert Koch Hospital*

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.

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