

REC'D MAR 13 1939

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

4438

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. **5045 MINERVA AVE.** St. **1131**
(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

630 **THOMAS F. BRADY**
(a) Residence, No. **5045 Minerva Ave** St. **6**
(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 **MARY J. BRADY**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAY 14, 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 **8** **19**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **RETIRED**
9. Industry or business in which work was done, as saw mill, bank, etc. **R. R. CONDUCTOR**
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**13. NAME **PATRICK BRADY**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**15. MAIDEN NAME **MARY DOLAN**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**17. INFORMANT (ADDRESS) **MARY J. BRADY**
5045 MINERVA AVE.18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVAFY CEMT.** DATE **2-6-39**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **ARTHUR J. LONNELLY**
3840 LINDELL BLVD.20. FILED **FEB 4 1939** **J. P. Buddeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 3, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **June 21, 1938** to **Feb 3, 1939**
I last saw him alive on **Feb 3, 1939**. Death is said to have occurred on the date stated above, at **10.45 A.M.**
The principal cause of death and related causes of importance were as follows:

Edema of Brain (Date of onset **about 2 weeks ago**)
Chronic Arteriosclerosis
Chronic Myocarditis
Other contributory causes of importance:
Indefinite

Name of operation 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? 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) **Harry H. Meyer**, M. D.
(Address) **4903 Delmar**

Dr. J. M. ...
4903 ...

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 Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Linden W

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.