

Registration District No. 291 Primary Registration District No. \_\_\_\_\_ Registrar's No. 449

1. PLACE OF DEATH: 1003 FILED FEB 17 1940  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1307 Graham Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1307 Graham Ave.  
(If rural, give location)  
No Physician in Attendance  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Ellen Brady  
(b) If veteran, name was None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 15  
year 1940 hour 7:00 minute A.M. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Late William Brady  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 18 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>28</u>	hr. _____ min.

Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

9. Birthplace St. Louis County Mo.  
(City, town, or county) (State or foreign country)

Due to Coronary Occlusion  
Due to Atherosclerosis

10. Usual occupation Housework at home

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name Michael Crowley  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

Major findings: OK  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant's own signature Dennis Brady  
(b) Address 1307 Graham Ave.  
17. (a) Burial (b) Date thereof 1- -40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Kriegshauser Mortuaries  
(b) Address 4228 So. Kingshighway  
19. (a) JAN 16 1940 (b) J. F. Bruders

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 1-16-40

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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**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.....  
*Edwin M. Hermet*

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.**