

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town.....  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**BARNES HOSPITAL**  
(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 **Illinois** (b) County..... **999**  
(c) City or town..... **East St. Louis** **NR 11**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1521 Gross Avenue**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... **2** years.

3. (a) PRINT FULL NAME **Rudolph Brady**

3. (b) If veteran, name war..... **NO**  
3. (c) Social Security No. **252-05-2504**

4. Sex **Male** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Gross Brady**  
6. (c) Age of husband or wife if alive..... **44** years

7. Birth date of deceased..... **March 20 1891**  
(Month) (Day) (Year)

8. AGE: Years **49** Months **11** Days **11**  
If less than one day..... hr. min.

9. Birthplace..... **East St. Louis, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Spit Superintended**

11. Industry or business..... **Southern Cotton Seed Co. Inc.**

12. Name..... **Jacob Brady**

13. Birthplace..... **Prno, Czechoslovakia**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Prno, Czechoslovakia**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Ethel Brady**  
(b) Address..... **1521 Gross E. St. East St. Louis**

17. (a)..... (b) Date thereof..... **Mar 4 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **mt. Carmel Cemetery**  
18. (a) Signature of funeral director..... **August Sedlack**  
(b) Address..... **East St. Louis, Ill.**  
19. (a) **MAR 3 1941** (b)..... **J. P. Sedlack**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1**  
year **1941** hour **4** minute **10** P. M.

21. I hereby certify that I attended the deceased from  
**February 14 1941** to **March 1 1941**;  
that I last saw him alive on **March 1 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Old chronic lung abscess due to chronic emphysema**  
Due to..... **chronic old emphysema complicated by pleuro-vascular fistula**  
Due to..... **structural fistula**

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... **Pleuro-vascular fistula**  
**Emphysema**  
Of autopsy..... **none**

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?

While at work?..... (Specify type of place)  
(c) Means of injury..... **0**

23. Signature..... **Wesley A. Baston** (M. D. or other)  
Address..... **BARNES HOSPITAL** Date signed.....

Duration  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address St. Louis, Mo.

**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, fact should be so stated above.**