

FILED FEB 24 1942 791

State File No.

Registrar's No.

303

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number & location) 11 days  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL") NR 3  
(d) Street No. 7058 Washington Ave.  
(If rural, give location) No  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 11-15  
1941 to 1-9 1942  
that I last saw her alive on 1-9 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Lympho Sarcoma (nose) Internal  
Duration several

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Tuberculosis left kidney ?  
(Include pregnancy within 3 months of death)

Major findings: Tuberculosis left kid.  
Of operations Nephrectomy several weeks ante  
Of autopsy None modern  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Margaret Brady

3. (b) If veteran. name war No 3. (c) Social Security No. Nil

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Nil 6. (c) Age of husband or wife if alive Nil years

7. Birth date of deceased Dec. 3, 1874  
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 6 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Franklin County Mo.  
(City, town, or county) (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business None

12. Name John Brady  
13. Birthplace St. Charles, Mo.  
(City, town, or county) (State or foreign country) 0

14. Maiden name Nellie Mundy  
15. Birthplace Richwood, Mo.  
(City, town, or county) (State or foreign country) 0

16. (a) Informant John Brady  
(b) Address 4418 Swan

17. (a) Burial (b) Date thereof Jan. 12, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catawissa Mo.

18. (a) Signature of funeral director 5041 Delmar Blvd.  
(b) Address JAN 11 1942

19. (a) (Date received local registrar) (b) J. F. Predeck  
(Registrar's signature)

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?  
(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature John Hammond (M. D. or other) M.D.  
Address 634 N. Grand Date signed 1/10/42

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

X28390

**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

*Howard F. Powell*

Licensed Embalmer No. 3114

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, fact should be so stated above.**