

FILED JAN 14 1943

318

Primary Registration District No. 1003

State File No.

Registrar's No.

69

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17
59

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
765 Belt Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME MARY ELIZABETH BRADY

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife William P. 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased 5 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 2 hr. min.

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

10. Usual occupation Home

11. Industry or business.....

MOTHER FATHER { 12. Name John Horan
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Honore Murphy
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Renee Cabell

(b) Address 765 Belt Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd

19. (a) JAN 4 1943 (Date received local registrar) (b) C. F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 765 Belt Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1942 hour 11:00 minute 5 P. M.

21. I hereby certify that I attended the deceased from July 13 to July 31, 1943
that I last saw her alive on Jan 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma uterus

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ca uterus
Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature J. W. Hendricks (M. D. or other) MD
Address 4500 Olive St Date signed 1-4-43

Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. J. Henderlight 3:30 to 5 P.M.
Lester Bldg. - 10 to 12 A.M.
To 3800

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 Joe E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6170 Delmar
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.