

FILED MAR 15 1943

Registration District No. **318**

Primary Registration District No.

1. PLACE OF DEATH:

(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: **St. Anthony's Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3-days**
(Specify whether)
 In this community **0**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **6-00**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5239 Wells Ave.**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Julia G. Brady**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **D.S.**

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

7. Birth date of deceased **June 3rd., 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 29 hr. min.

9. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Hugh Brady** 13. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Bridget Ryan** 15. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Brady**
 (b) Address **5239 Wells Ave.**

17. (a) **Burial** (b) Date thereof **3-5-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Celvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**
 (b) Address **3840 Lindell Blvd.**

19. (a) **MAR 3 1943** (b) **J. F. Redick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2nd.**
 year **1943** hour **12** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **Feb 22**, 1943 to **March 2, 1943**, that I last saw him alive on **March 1st**, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic Heart Disease
Auricular Fibrillation
Progressive Heart Failure
Neuronal Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **None**

Of autopsy **No**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**
 (b) Date of occurrence **None**
 (c) Where did injury occur? **None**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **None** (Specify type of place) (e) Means of injury

23. Signature **R. B. Purcell** (M. D.)
 Address **3720 Washington** Date signed **3-3-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. J. R. Powell
3720 Washington Blvd. 1-4 pm.

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 Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lincoln

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.