S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12573

FILED MAY 15 1944

Registration District No. 318 Primary Registration District No. 1006 Registrar's No. 4079

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: De Paul Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000 17 96

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1323 North Euclid Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Agnes Brady
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James B. Brady
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased April 26th, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	0	4	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Michael Quirk
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Hanora McEnery
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Harry Brady,
(b) Address 1323 North Euclid Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.
18. (a) Signature of funeral director SULLIVAN BROTHERS
(b) Address 2849 North Euclid Ave.,
19. (a) MAY 2 1944 (Date received local registrar) (b) J. R. Brink (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th year 1944 hour 4 P. M. minute M.
21. I hereby certify that I attended the deceased from April 30 1944 to April 30 1944 that I last saw her alive on April 30 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Coronary Sclerosis	1 Mo
Due to Arteriosclerosis	2 yrs
Due to	
Other conditions Ca. Cardiac (Include pregnancy within 3 months of death)	6 Mo

Major findings:
Of operations —
Of autopsy —

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

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 E. R. Geb M.D. or other
Address University Club Date signed 5-1-44

(Licensed Embalmer's Statement on Reverse Side)

E. P.
Dr. Buddy,
University Club Bldg.,
Jefferson 7534

1 to 3 [illegible]

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 Eugene H Sullivan

Licensed Embalmer No. 7930

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.