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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1945

25453

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7862

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: 1467 North Union Ave (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 Missouri (b) County 000

(c) City or town St. Louis, 17 (If outside city or town limits, write "RURAL")

(d) Street No. 1467 North Union Ave 9 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dr. Jules M. Brady

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov, (Month) 1878 (Day) (Year)

8. AGE: Years 67 | Months | Days — | If less than one day hr. min.

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

10. Usual occupation D. M.

11. Industry or business

FATHER
12. Name Bernard S. Brady
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary A. Musick
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ewing P. Brady

(b) Address 7239 Northmoor Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) SEP 7 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 6 year 1945 hour 6 minute 30 a M.

21. I hereby certify that I attended the deceased from December 1944, 19 , to September 6th, 1945, that I last saw him alive on September 4th, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis -	—
Due to: Arteriosclerosis	One
Due to:	Year +
Other conditions (Include pregnancy within 3 months of death)	

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 Augustus P. Munsch (M. D. or other)

Address 306 Humboldt Bldg Date signed Sept 7/45

(Licensed Embalmer's Statement on Reverse Side)

JUN 10 1946

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. G. W. Wilkinson

Licensed Embalmer No. 3575

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.