

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10413

State File No. \_\_\_\_\_

FILED MAR 21 1947

Registration District No. 310

Primary Registration District No. 6051

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles Twsp "Rural"  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Charles County Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(years, months or days)

3. (a) PRINT FULL NAME George Brady

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Male 5. Color or race Black

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

6. (b) Name of husband or wife Henrietta Kemp, deceased

6. (c) Age of husband or wife if live \_\_\_\_\_ years

7. Birth date of deceased: ? ? 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 ? ? hr. \_\_\_\_\_ min.

9. Birthplace O'Fallon, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name unknown

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lulu Dameron

(b) Address 1110 Tracy-Kansas City, Mo.

17. (a) burial (b) Date thereof Mar 4-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem

18. (a) Signature of funeral director H.C. Wallmeyer & Sons Co.

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) March 16-47 (b) Ramie Fawcett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 1027 Olive Street  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27  
year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 24<sup>th</sup> 1947 to Feb 27<sup>th</sup> 1947  
that I last saw him alive on Feb 27<sup>th</sup> 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Broken Compensation 1947

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

Gen. arterio-sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: \_\_\_\_\_

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 \_\_\_\_\_

Signature M.P. Esch, M.D. (M. D. or other) \_\_\_\_\_

Address St. Charles, Mo. Date signed 3/1/47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

284

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 3/20/47

**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 Joseph I. Lanier  
Licensed Embalmer No. 4189  
P. O. Address St. Louis

**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.**