

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED JUN 30 1947 318

Registrar's No. 6010

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
4252 Shenandoah Street.  
(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  
(If outside city or town limits, write "RURAL")

(d) Street No. 4252 Shenandoah Street  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME Halliday P. Brady

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1947 hour 10 minute 15 P. M.

4. Sex Male ( ) 5. Color or race White

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

6. (b) Name of husband or wife Hazel N. Brady

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September 13 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6/1-46, 19\_\_\_\_, to 6/20-47, 19\_\_\_\_, that I last saw him alive on 6/20-47, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Duration \_\_\_\_\_

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

70 9 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary occlusion

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

Due to Sclerosis

10. Usual occupation Office work

Other conditions Peptic ulcer  
(Include pregnancy within 3 months of death)

11. Industry or business Missouri Botanical Gardens

Major findings: 11/7

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

12. Name Daniel J. Brady

13. Birthplace East Liverpool Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Biggs

15. Birthplace East Liverpool Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel N. Brady

(b) Address 4252 Shenandoah Street

17. (a) Cremation (b) Date thereof 6/23/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 22 1947 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

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 6/19-46

23. Signature E. K. Andrews (M. D. or other) 6/19-46

Address 4932 Maywood Date signed \_\_\_\_\_

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

MOTHER FATHER

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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

*Ernest W. Spiller*  
\_\_\_\_\_  
Licensed Embalmer No. *14080*

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.