No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7290

FILED MAR 8 1948

Registration District No. 517

Primary Registration District No. 3069

Registrar's No. 565

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

1. PLACE OF DEATH:
(a) County St.Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St.Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5617 Clemens Ave. 9
(If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William A.Brady
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Mae L.Brady
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Aug.17th.,1884 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	6	12	hr. min.

9. Birthplace St.Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Atty.
11. Industry or business
FATHER
12. Name Hugh K.Brady
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Bridget Hayes
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant Mrs.Mae L.Brady
(b) Address 5617 Clemens Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) 3-1-48 (Date received local registrar) (b) Beech A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29th., year 1948 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from Feb 28, 1948, to Feb 29, 1948 that I last saw him alive on Feb 29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	3 hrs
Due to Secondary Anemia	2 yrs
Due to Recurring peptic ulcer	2 yrs
Other conditions — (Include pregnancy within 3 months of death)	

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Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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? 0 (Specify type of place)
While at work? — (e) Means of injury

23. Signature Leo J Reilly (M. D. or other) MD
Address 8105 Page Blvd Date signed 3-1-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

11-12 Monday

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 Lindell

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.