

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

FILED MAY 7 1948

Registration District No. 318

Primary Registration District No. 1003

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

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:
Missouri Pacific Hospital
(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 Mo. (b) County 020
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1444a Tamm Ave.
(If rural, give location) 9
4 (e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Coad, Stella Gertrude
3. (b) If veteran, name war None 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 28
year 1948 hour 12 minute 25 P.M.
21. I hereby certify that I attended the deceased from April
25 1948 to April 1948
that I last saw her alive on April 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martin C.
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Aug. 3 1886
(Month) (Day) (Year)

Immediate cause of death _____
Uremia Duration 2 days
Due to Carcinoma of Bladder (urinary)
Due to _____
Other conditions (include pregnancy within 3 months of death) 5 1/2

8. AGE: Years Months Days If less than one day
61 8 25 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name John J. Brady
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Bridget Brady
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Major findings: Carcinoma of Urinary Bladder
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Martin C. Coad
(b) Address 1444a Tamm Ave.
17. (a) Burial (b) Date thereof 5-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) APR 29 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature Wanda A. Sherrill (M. D. _____)
Address Mo. Pac. Hosp Date signed 4/28/48

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.....

Edwin M. Bennett

Licensed Embalmer No. *3024*

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.