#35017
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24126
State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6199

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: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4537 Adelaide
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES BRADY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Seperated
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 4 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
86	0	6	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mary Brady
(b) Address 4537 Adelaide Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery
18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) JUL 13 1948 (Date received local registrar) (b) J. F. Breech (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 10th year 1948 hour 8 minute P M.
21. I hereby certify that I attended the deceased from 7/3/48, 19..., to July 10th, 19 48
that I last saw him alive on July 10th, 19 48;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pyelonephritis	
Bronchopneumonia	
Non calculous.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature F. E. Pennington M.D.
Address 1515 Lafayette 7/12/48 Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

F. E. Pennington

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

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 Roy C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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.