

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3253

State File No. ....

00065

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3060 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kirkwood 22 Mo.</b> )			c. CITY (If outside corporate limits, write RURAL and give township) <b>OR TOWN Kirkwood 22</b>		
c. LENGTH OF STAY (in this place) <b>Life</b>			d. STREET ADDRESS (If rural, give location) <b>425 W. Essex Ave</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>425 W. Essex Ave</b>			d. STREET ADDRESS (If rural, give location) <b>425 W. Essex Ave</b>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>James</b>	b. (Middle) <b>F</b>	c. (Last) <b>Brady Jr</b>	(Month) <b>Jan.</b>	(Day) <b>8</b>	(Year) <b>1950</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sep. 7 1946</b>	9. AGE (In years last birthday) <b>3</b>	10. MONTH <b>4</b>	11. DAY <b>1</b>	12. HOURS <b>0</b>	13. MIN. <b>05</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>		

13a. FATHER'S NAME <b>James F. Brady</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Wood</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James F. Brady</b>	18. ADDRESS <b>425 W. Essex Ave Kirkwood Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>mechanical suffocation</b>		<b>10 min</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hydrocephalus, congenit 3 yrs</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>752X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>Herbert R. Dombke MD</b>	23b. ADDRESS <b>651 So. Brentwood Blvd. St. Louis County Health Dept.</b>	23c. DATE SIGNED <b>1/9/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/10/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-9-50</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Meyer-Pflitzinger</b>	ADDRESS <b>Kirkwood, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

4003

10-2-10

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, 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.