

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6384

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1054

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY OR TOWN St Louis		c. CITY OR TOWN St Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hospital		d. STREET ADDRESS (If rural, give location) 23 1606a So 12th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Peter b. (Middle) Mc Brady c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan 31 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
8. DATE OF BIRTH Oct 12 1886			9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
11. BIRTHPLACE (State or foreign country) Portland Maine			12. CITIZEN OF WHAT COUNTRY? U S		

13a. FATHER'S NAME Thomas McBrady		13b. MOTHER'S MAIDEN NAME Sarah Joyce		14. NAME OF HUSBAND OR WIFE Goldie Mc Brady	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Goldie Mc Brady 1606a S 12th Street	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion DUE TO (b) Aortic Regurgitation DUE TO (c) Coronary Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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? H20!	

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 11:5A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E Taylor Coronar		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2.2.51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/3/51		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Missouri	
DATE REC'D BY LOCAL REG. FEB 2 1951		REGISTRAR'S SIGNATURE J.B. Lasker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av			

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

me

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 me

working under my personal supervision.

Student Embalmer No.

Signed: Dale A. Strammann

Signed.....
Student Embalmer

Licensed Embalmer No. 4533

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.