

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10840

4006

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

**FILED MAR 16 1951**  
*Brady*

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 630

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY OR TOWN <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> <u>4376</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>7355 Kingsbury Blvd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7355 Kingsbury Blvd.</u>		e. STREET ADDRESS <u>7355 Kingsbury Blvd</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Anne</u> b. (Middle) <u>C.</u> c. (Last) <u>Brady</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Mar. 10 1951</u>
<b>5. SEX</b> <u>F.</u>	<b>6. COLOR OR RACE</b> <u>W.</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Single</u>	<b>8. DATE OF BIRTH</b> <u>June 7, 1886</u>
<b>9. AGE</b> (In years last birthday) <u>64</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Secy. St. Tereas</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>
<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.</u>	
<b>13a. FATHER'S NAME</b> <u>James Brady</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Hanora Bridgeman</u>	
<b>14. NAME OF HUSBAND OR WIFE</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u>	
<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mary L. Hyde</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Ch. Glomerulo Nephritis</u> <b>ANTECEDENT CAUSES</b> <u>Hypertensive Cardio</u> <b>DUE TO (b)</b> <u>Vascular. Renal Disease</u> <b>DUE TO (c)</b> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>442 X</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>May 10, 1951</u>, to <u>Mar 10, 1951</u>, that I last saw the deceased alive on <u>Mar 10, 1951</u>, and that death occurred at <u>4:30 A.M.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>[Signature]</u> (Degree or title)		<b>23b. ADDRESS</b> <u>6076 Grand</u>	
<b>23c. DATE SIGNED</b> <u>3/10/51</u>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>3-12-51</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>3-10-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Dombke M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Arthur J. Donnelly</u> ADDRESS <u>3840 Lindell Blvd</u>	

*Dr. J. J. ...  
University of ...  
1-4-19...*

S.E.L.

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

working under my personal supervision.

Student Embalmer No. ....

Signed W. Vanmatre

Signed.....  
Student Embalmer

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.