

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18756

State File No. _____

Registrar's No. 1099

FILED MAY 19 1952

BIRTH NO. 87513 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

1. PLACE OF DEATH a. COUNTY <u>D.O.A. COUNTY HOSPITAL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT LOUIS (VANTON)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		d. STREET ADDRESS (If rural, give location) <u>1422 N. JEFFERSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. COUNTY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>ALFRED</u>			b. (Middle) <u>BRADY</u>		
c. (Last) _____			5. SEX <u>M</u>		
6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>BABY</u>		8. DATE OF BIRTH <u>NOVEMBER 11, 1951</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		10. AGE (In years, Months, Days) <u>0 4 0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>SAINT LOUIS</u>	
11. BIRTHPLACE (State or foreign country) <u>SAINT LOUIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>ANDREW BRADY</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE THOMAS</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ANDREW BRADY</u>	ADDRESS <u>1422 N. JEFF.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>7955</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Domke</u> (Degree or title)	23b. ADDRESS <u>651 S. Brentwood, Clayton</u>	23c. DATE SIGNED <u>4-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>4/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-26-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.B. Koonce</u>	ADDRESS <u>1221 N. GRAND</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Clarence Crooms

Signed.....
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1221 N. 4th

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.