

DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39997**
Registrar's No. **10327**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Wisconsin b. COUNTY Kenosha			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 Hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kenosha		8480	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 6925 Sheridan Drive			
3. NAME OF DECEASED (Type or Print) a. (First) Pvt. JAMES b. (Middle) JOSEPH c. (Last) BRADY			4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 6, 1929	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 24 HRS. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Army		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Brady		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Present time		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS U.S. Army records, St. Louis Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Depressed fractured of skull. Brain injury, suffered when car operated by Dr. Walker in which deceased was a passenger left highway and turned over 4 miles north of Jerseyville Ill., Green City on Highway #67 about 1130 am II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Nov 7 1952				20. AUTOPSY? Accident 812 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Jerseyville Mo			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov 7 52 11:30 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E8234..			
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 2:35 p.m. , from the causes and on the date stated above. 32							
23a. SIGNATURE Patrick E. Ray, M.D. (Degree or title)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11.10.52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/10/52		24c. NAME OF CEMETERY OR CREMATORY Kenosha, Wisconsin		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. NOV 10 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bonn, Inc., Kirkwood, Mo.			

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

318 (Licensed Embalmer's Statement on Reverse Side)

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

Felix Hurand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 23 rd

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.