

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4185**

FILED FEB 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **578** Registrar's No. **0361**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b>	
c. LENGTH OF STAY (in this place) <b>6 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>125 West Pacific</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>125 West Pacific</b>		d. STREET ADDRESS <b>125 West Pacific</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>JOHN</b>	b. (Middle) <b>RICHARD</b>	c. (Last) <b>BRADY</b>	<b>Jan 29 1953</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-9-1880</b>	9. AGE (in years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspector (Ret.)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cement &amp; Steel</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Thomas F Brady</b>	13b. MOTHER'S MAIDEN NAME <b>Anne Smart</b>	14. NAME OF HUSBAND OR WIFE <b>Catherine Brady</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>495-12-9472</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Catherine Brady 125 W. Pacific</b>
--	--	---

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 <b>14 mos</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Recurrent retinal carcinoma with metastases</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cancer, sets sigmoid areas</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>154X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>5</b>

22. I hereby certify that I attended the deceased from **11/26, 1951**, to **1/29, 1953**, that I last saw the deceased alive on **1/29, 1953**, and that death occurred at **3:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Orval C. Gaeger, M.D.</b>	23b. ADDRESS <b>7158 Manchester, St. Louis</b>	23c. DATE SIGNED <b>1/30/53</b>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan-31-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>1-30-53</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dando</b>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>M. J. Parker, Webster Groves Mo</b>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address

*Whiter Groves*

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.