

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20112

FILED JUN 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1392

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY OR TOWN Clayton	c. LENGTH OF STAY (in this place) D.O.A.	c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves 19, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DOA County Hospital		d. STREET ADDRESS (If rural, give location) 709 E. Big Bend Rd.	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Allen	c. (Last) Brady	4. DATE OF DEATH (Month) (Day) (Year) May 17, 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 30, 1919	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR (Month) (Day) 7 17	IF UNDER 24 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Die Grinder	10b. KIND OF BUSINESS OR INDUSTRY Aircraft Ind.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME Clifford Brady	13b. MOTHER'S MAIDEN NAME Cora Gilsinn	14. NAME OF HUSBAND OR WIFE Elinor Brady
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. 490-12-2599	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elinor Brady 709 E. Big Bend Rd.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes		DUPLICATE OF (a) unknown natural causes		unk.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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	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) 7955
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 Herbert R. Domb (Degree or title) M.D. Local Registrar	23b. ADDRESS 651 S. Brentwood Blvd.	23c. DATE SIGNED 5-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/20/53	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood 22 Mo.
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DATE REC'D BY LOCAL REG. 5-20-53	REGISTRAR'S SIGNATURE Herbert R. Domb-M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger Kirkwood 22, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

William H. Putney

Licensed Embalmer No. _____

4316

P. O. Address _____

Kennett, 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.