

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37801**

FILED NOV 6 - 1953

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| BIRTH NO. | | REG. DIST. NO. 317 | PRIMARY REG. DIST. NO. 547 | Registrar's No. 2675 |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights | c. LENGTH OF STAY (In this place) 13 yrs. | c. CITY OR TOWN Richmond Heights ⁷⁴⁸⁵ d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | e. STREET ADDRESS (If rural, give location) 1809a Princeton Pl. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Ellen b. (Middle) M. c. (Last) Brady | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 16 1953 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Jan. 29, 1881 | 9. AGE (In years last birthday) 72 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME William Whalen | | 13b. MOTHER'S MAIDEN NAME Mary Tracy | 14. NAME OF HUSBAND OR WIFE Eugene J. Brady (decd) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. No | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary White 1203 Kraft Ave., | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 33IX |
| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | 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? | | |
| 22. I hereby certify that I attended the deceased from 10-15, 1953 , to 10-16, 1953 , that I last saw the deceased alive on 10-15, 1953 , and that death occurred at 5:58a m. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE Paul A. Falaggo MD (Degree or title) | | 23b. ADDRESS 461 Lindell Blvd. | 23c. DATE SIGNED 10-16-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE Oct. 19, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | |
| DATE REC'D BY LOCAL REG. 10/17/53 | REGISTRAR'S SIGNATURE Herbert R. Sommers MD | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cullinane Bros. 3320 N. Kingshighway | | |

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

(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.....
Signature of Student Embalmer

Signed.....
Fred Frick

Licensed Embalmer No....3186.

P. O. Address..St..Louis,..M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.