

FILED DEC 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44635

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 344		Registrar's No. 3156		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)				
a. COUNTY St. Louis		b. CITY OR TOWN Kirkwood		a. STATE Missouri		b. COUNTY St. Louis		
b. CITY OR TOWN Kirkwood		c. LENGTH OF STAY (in this place) 3 Years		c. CITY OR TOWN Kirkwood		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 425 W. Essex Ave,				e. STREET ADDRESS (If rural, give location) 425 W. Essex Ave,				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) Peter		b. (Middle) Anthony		c. (Last) Brady		Dec. 9 1953		
5. SEX Male <input type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 18 1950		
9. AGE (In years last birthday) 3		10. MONTHS 4		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? America		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child				10b. KIND OF BUSINESS OR INDUSTRY NONE				
13a. FATHER'S NAME James F. Brady			13b. MOTHER'S MAIDEN NAME Margaret Wood			14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME James F. Brady			
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, aspiration b. l. l.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebro-cerebellar Degenerative</u> 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	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 <u>12/12</u> , 19 <u>53</u> , to <u>12/18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12/18</u> , 19 <u>53</u> , and that death occurred at <u>2:08</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Kellerman M.D.</u>				23b. ADDRESS 7803 Clayton Rd.		23c. DATE SIGNED 12/10/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-11-53		24c. NAME OF CEMETERY OR CREMATORY St Peters Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood Mo.		
DATE REC'D BY LOCAL REG. 12/10/53			REGISTRAR'S SIGNATURE <u>Wesley R. Spang M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger			
					ADDRESS Kirkwood Mo.			

(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.....
Signature of Student Embalmer

Signed *William H. Pfitzinger*.....

Licensed Embalmer No. *431*.....

P. O. Address *Kirkwood*.....

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.