

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No.

9095

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 Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 4-days		c. CITY OR TOWN St. Louis		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. John's Hospital				e. STREET ADDRESS (If rural, give location) 14 6230 Nottingham Ave. 21470			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A. c. (Last) Brady			4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1954				
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH March 29, 1876	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 6 Days 7		IF OVER 1 YEAR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Sec. Treas.		10b. KIND OF BUSINESS OR INDUSTRY Plumbers Union		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unk. Brady			13b. MOTHER'S MAIDEN NAME Hanora Gaffiney		14. NAME OF HUSBAND OR WIFE Mrs. Anne Brady		
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anne Brady, 6230 Nottingham 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis ANTECEDENT CAUSES Cardiovascular Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema					INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4221			
22. I hereby certify that I attended the deceased from 1 Aug , 19 54 , to 6 Oct , 19 54 , that I last saw the deceased alive on 5 Oct , 19 54 , and that death occurred at 1:01 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John A. McLam M.D.				23b. ADDRESS 3419 Osage		23c. DATE SIGNED 6 Oct 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 9th., 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. OCT 7 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donnelly 3840 Lindell Blvd.		

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 me....., Student Embalmer No.....

working under my personal supervision.:

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No.....466

P. O. Address.....3840

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.