

FILED SEP 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30418**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **500** Registrar's No. **2025**

1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Manchester</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>7 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>unlk.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>37 Pine Crest Nursing Home 2287</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>H</b> c. (Last) <b>Brady</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8/11/57</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>unlk.</b>	8. DATE OF BIRTH <b>June 14 1882</b>		9. AGE (In years last birthday) <b>74</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>railroad</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>unlk.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Atlantic Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>John Brady</b>	13b. MOTHER'S MAIDEN NAME <b>Bannick</b>	14. NAME OF HUSBAND OR WIFE <b>unlk.</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unlk.</b>	16. SOCIAL SECURITY NO. <b>unlk.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Pine Crest Nursing Home - St. Louis, Mo.</b>	ADDRESS
--	---	--	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Liver</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Arterio-Sclerosis</b>		
	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"/>
------------------------	----------------------------------	---

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) <b>1561</b>
--	--	--

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Feb 3**, 1957, to **Aug 11**, 1957, that I last saw the deceased alive on **Aug 10**, 1957, and that death occurred at **7:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. M. Jensen M.D.</b>	23b. ADDRESS <b>1726 del Norte Richmond Mo</b>	23c. DATE SIGNED <b>8/13/57</b>
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL, (Specify)	24b. DATE <b>8/15/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>8-15-57</b>	REGISTRAR'S SIGNATURE <b>Hebert R. Donohue M.D.</b>	FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Rowland-Aker Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo.</b>
--	--	---

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

P. O. Address.....

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.