

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37202**  
Registrar's No. **9314**

FILED OCT 21 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) **St. Louis** c. LENGTH OF STAY (in this place) **4 yrs.**  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No   
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. Louis Chronic Hosp.** STREET ADDRESS (If rural, give location) **3225 Montgomery**

3. NAME OF DECEASED (Type or Print) a. (First) **Albert** b. (Middle) \_\_\_\_\_ c. (Last) **Brady** 4. DATE OF DEATH (Month) (Day) (Year) **10 3 1957**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widower** 8. DATE OF BIRTH **3-17-1870** 9. AGE (In years last birthday) **87** IF UNDER 1 YEAR Months \_\_\_\_\_ IF UNDER 24 HRS Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **unknown** 10b. KIND OF BUSINESS OR INDUSTRY **unknown** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Chris Brady** 13b. MOTHER'S MAIDEN NAME **Margaret ?** 14. NAME OF HUSBAND OR WIFE **unk.**

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 **Marie Rothwell** ADDRESS **3225 Mullanphy**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Bilateral Bronchopneumonia** MEDICAL CERTIFICATION **Terminal** INTERVAL BETWEEN ONSET AND DEATH **3 days**  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **420.0H**  
DUE TO (c) **Bilateral Coronary Heart Disease** **4 yrs**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death **Capillary Carcinoma Bladder** **2 yrs**

19a. DATE OF OPERATION **4/27/55** 19b. MAJOR FINDINGS OF OPERATION **T.U.R. - Capillary Carcinoma of Bladder** 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from **8-18-53**, 19\_\_\_\_, to **10-3-57**, 19\_\_\_\_, that I last saw the deceased alive on **10-3-57**, 19\_\_\_\_, and that death occurred at **9:30pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John W. Beckham, M.D.** 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **10/4/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10-7-1957** 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 57** REGISTRAR'S SIGNATURE **J. Carl Smith, MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Cullen-Kelly** ADDRESS **7267 Natural Bridge**

(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 Not embalmed Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James A. Lammert

Licensed Embalmer No. 414

P. O. Address St. Louis

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.