

FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38433

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2693

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>St. CLAYTON</u> c. LENGTH OF STAY (in this place) <u>P.O.A.</u>		c. CITY OR TOWN <u>Unincorp. 4770</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Louis County Hospital 3</u>		e. STREET ADDRESS (If rural, give location) <u>229 New York</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Bell</u> c. (Last) <u>Brady</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 30, 1957</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 8, 1870</u>	9. AGE (In years last birthday) <u>87</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 4 WKS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>Adam Bradford</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Buford</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carleda Mitchell</u> ADDRESS <u>229 New York</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac exhaustion accompanied by vomiting and diarrhea (pernicious type)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic cardiac due to hypertension and arterosclerosis</u>		
DUE TO (c) _____		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"/>
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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) <u>443x</u>
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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? _____
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22. I hereby certify that I attended the deceased from 3-11-, 1957, to 6-30-, 1957, that I last saw the deceased alive on 6-30, 1957, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. B. Walters M.D.</u> (Degree or title)	23b. ADDRESS <u>126 E. Jefferson, Kirkwood, Mo</u>	23c. DATE SIGNED <u>10-31-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/4/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-31-57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donahue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Koene</u> ADDRESS <u>1221 N. Grand Blvd.</u>
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(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 *Melvin Blackburn*
Licensed Embalmer No. *3464*
P. O. Address *1221 N. ...*

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.