

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-023147  
 State File No. 4906

FILED JUN 16 1958

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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. CITY OR TOWN Kirkwood 22	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) 1 Day		e. STREET ADDRESS (If rural, give location) 211 West Jewel	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's			

3. NAME OF DECEASED (Type or Print) a. (First) Marian b. (Middle) Theresa c. (Last) Brady			4. DATE OF DEATH (Month) (Day) (Year) 5-7-58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <del>SEPARATED</del> Child	8. DATE OF BIRTH 9-26-55	9. AGE (In years) 2 1/2 YRS. <small>IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.</small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Francis Brady		13b. MOTHER'S MAIDEN NAME Margaret Ann Wood		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Brady 211 W. Jewel, Kirkwood, Mo	

18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) <i>See handwritten notes</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 days since birth
* This does not mean the mode of death, such as heart failure, asphyxia, etc. It means the direct cause, or complication which caused death.		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Cerebellar Hypotonia DUE TO (c)		
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	

22. I hereby certify that I attended the deceased from 5-6-58, 1958, to 5-7-1958, that I last saw the deceased alive on 5-7-1958, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hulda J. Wohltman, M.D.		23b. ADDRESS 500 S. Kingshighway		23c. DATE SIGNED 5-7-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/9/58		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	
				24d. LOCATION (City, town, or county) (State) Kirkwood 22, Mo.	

DATE REC'D BY LOCAL REG. MAY 8 1958		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pfitzinger Mortuary, Kirkwood, Mo.	
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Has been under medical supervision of Drs. Jaudon, McClure & Koerner  
 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 *Paul E. Hoffman* .....  
Licensed Embalmer No. *496*

P. O. Address *St. Louis Co., Mo.*

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.