

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030183  
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8048

S. 300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

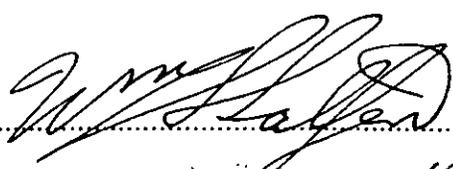
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                               |   |   |   |  |
|--|-------------------------------|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                               |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ST. LOUIS, MO.</b>   |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis City Hosp.</b>   |                               | Length of stay in lb<br><b>#1 2-days</b>  | STREET ADDRESS (If outside, give location)<br><b>5617 Clemens Ave.</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>           |
| 3. NAME OF DECEASED (Type or print)<br>First <b>MAE</b> Middle <b>L.</b> Last <b>BRADY</b>   |                               |   | 4. DATE OF DEATH<br>Month <b>Aug.</b> Day <b>17,</b> Year <b>1958</b>   |   |  |
| 5. SEX<br><b>F.</b>  | 6. COLOR OR RACE<br><b>W.</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 6, 1883</b>   |   | 9. AGE (In years last birthday)<br><b>75</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A</b>   |
| 13a. FATHER'S NAME<br><b>Stephen Sullivan</b>  |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Dineen</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>William A. Brady</b>          |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                               | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT Address<br><b>Mrs. Helen A. Berry, 5569 Chamberlin Ave.</b>                                       |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CVA</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>probably due to intracerebral hemorrhage</b><br>DUE TO (c) <b>331X</b> |                               |   |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |   |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |                               |   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                               | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                       |  |
| 21. I attended the deceased from <b>8/16/58 5:25 p.</b> to <b>8/17/58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>8/17/58</b><br>Death occurred at <b>6:40 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                               |   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Leo V. Mullen, M.D.</b>   |                               |   | 22b. ADDRESS<br><b>1515 Lafayette Ave.</b>  |   | 22c. DATE SIGNED<br><b>8/18/58.</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                               | 23b. DATE<br><b>Aug. 20, 1958</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b>          |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Arthur J. Donnelly, 3840 Lindell Blvd.</b>  |                               | 25. DATE RECD. BY LOCAL REG.<br><b>AUG 19 1958</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>J. Carl Smith, M.D.</b><br>S.P. |  |

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. 4699

P. O. Address 3840 Linden

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.