SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042221
STATE FILE NUMBER

AMENDED

Registration District No. 318 FILED DEC 1 1961 Primary Registration District No. 1003 Registrar's No. 11019

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 18 So. Kingshighway
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis, Mo.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 18 So. Kingshighway
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First KATE; Middle M.; Last BRADY
4. DATE OF DEATH: Month November; Day 26; Year 1961.
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-16-1869
9. AGE (last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.A.,
13a. FATHER'S NAME: Lenuel Grim
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: A. C. Brady, Deceased,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr Robert H. Brady, 6800 Kenwood Drive.
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 May 1961, to 11-26-61 and last saw her ~~him~~ alive on 11-17-61
Death occurred at 8:00 A.M., m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): C. Lenhard M.D
22b. ADDRESS: 18 S. Kingshighway
22c. DATE SIGNED: 11-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-27-1961
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): Columbia, Missouri.
24. FUNERAL DIRECTOR: Via Motor ADDRESS: Math. Hermann & Son Inc. 2161 E. Fair Ave.
25. DATE RECD. BY LOCAL REG.: NOV 27 1961
26. REGISTRAR'S SIGNATURE: Board Smith. M.D.

DATE AMENDED
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3737

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.