MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35125

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10282

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME John L. Brady

(a) Residence. No. 3969 Westminster Place 19 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 3-1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	9	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Checker
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: City Club of St L

9. BIRTHPLACE (CITY OR TOWN) Venice
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER: Mike J. Brady
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER: Nellie Bishop
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT W. J. Brady
(Address) 4398 Alice St.

15. FILED NOV 17 1927, 19.... May C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 16 1927

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1927, to November 15, 1927 that I last saw him alive on November 15, 1927, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
936 / 29 a
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Myocarditis Chronic
(duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? NO DATE OF .....
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Charles H Gehman, M. D.
11/16, 1927 (Address) 216-217 University Club Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery
DATE OF BURIAL: Nov 18 1927

20. UNDERTAKER: A Kron & Co.
ADDRESS: 2707 N Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.