8 1939 REC'D MAR 9 1939

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

Do not use this space.

7793

1. PLACE OF DEATH

96

County St. Louis

Township ~~Normandy~~

City Overland (No. 2368 WALLIS AVE. St. Ward)

Registration District No. 784

Primary Registration District No. 200

File No.

Registered No. 231

630

2. FULL NAME Mary Helen Brady

(a) Residence, No. 2368-WALLIS St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac K. Brady

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29-1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
71	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Castle, Penn.

FATHER

13. NAME Robert Lockhart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Castle, Penn.

MOTHER

15. MAIDEN NAME Mary Wallace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Castle, Penn.

17. INFORMANT (ADDRESS) Margaret Metz 2368-Wallis Ave. Overland

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hiram Cem. DATE 2-9-39 19

19. UNDERTAKER (ADDRESS) Baumann Bros. Inc. Overland Mo.

20. FILED FEB 8 1939 R. A. Meyer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1939, to Feb. 6, 1939

I last saw her alive on Feb. 6, 1939. Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall - (Fracture of Descending ramus of Os-pubis)	1-24-39
Accidental fall down steps of own home. ----------1/24/39	
Other contributory causes of importance:	
Bronchal Pneumonia	2-4-39

Name of operation No - Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accidental Date of injury 1-24, 1939

Where did injury occur? Her home 2345 Wise - Overland Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Her home -

Manner of injury Sliped on icey Step -

Nature of injury Fracture of Os-pubis -

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ray A Walther, M. D.

(Address) 12438 Woodson Rd Overland, Mo.

OK J. OK. John Connell M.D. Coroner St. Louis County

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.

Oscar F. Mueller
#. 3039
2504 Woodson Rd. Overla