

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis **3**
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
American Hotel.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life time
years, months or days)

3. (a) PRINT FULL NAME Horace L. Brady **630**

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 21, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 10 hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Shoe Co. Executive

11. Industry or business Shoe Mfg.

12. Name Susan Brady **9**

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer L. Brady

(b) Address 4115 N. Florissant Ave.

17. (a) Burial (b) Date thereof 6/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St.

19. (a) JUN 1 1940 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **25**
(If outside city or town limits, write "RURAL")
(d) Street No. 7th & Market Sts.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1940 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from May
years, 1927 to _____, 1940
that I last saw him alive on May 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 9 1/2 hrs

Due to _____

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. W. [Signature] (M.D. or other)

Address 677 7th St Date signed 6-1-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Melvin L Kemper

Licensed Embalmer No. 4052

P. O. Address 3621 Olive St

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 this body is not embalmed, above space should be left blank.