

S. No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12020

State File No. \_\_\_\_\_

APR 9 1941

Registration District No. 754

Primary Registration District No. 200

Registrar's No. 693

96  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: St Louis  
 (a) County St Louis  
 (b) City or town St Louis  
 (c) Name of hospital or institution: Immaculate Heart  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 yrs  
 In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County St Louis  
 (c) City or town St Louis  
 (d) Street No. 7626 Natl. Bridge  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BRIDGET GRADY  
 (b) If veteran, name war None  
 (c) Social Security No. None  
 4. Sex Female 5. Color or race White  
 6. (b) Name of husband or wife David Grady  
 7. Birth date of deceased March 29 - 1855

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 3 day 29  
 year 1941 hour 7 minute 0 a. M.  
 21. I hereby certify that I attended the deceased from 4-10-40  
4-10 to 3-29-41  
 that I last saw her alive on 3-28  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>0</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death Carcinoma kind of Pancreas 1 yr  
 Due to Hepatitis chr.

9. Birthplace Ireland  
 10. Usual occupation Housework

Due to \_\_\_\_\_  
 Other conditions H69

11. Industry or business \_\_\_\_\_  
 12. Name Michael Brennan  
 13. Birthplace Ireland  
 14. Maiden name Bridget Bouchon  
 15. Birthplace Ireland

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_

16. (a) Informant Michael Brennan  
 (b) Address 6944 Washington Blvd.  
 17. (a) Burial (b) Date thereof 3-31-41  
 (c) Place: burial or cremation Burial  
 18. (a) Signature of funeral director W. J. Quinn  
 (b) Address 1384 W. Main Ave.  
 19. (a) MAR 20 1941 (b) R. R. Meyer M.D.

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? \_\_\_\_\_  
 (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 W. J. Quinn (M.D. or other) \_\_\_\_\_  
 Address 340 Bernard Date signed 3-29-41

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**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 *Clarence McNeuf*

Licensed Embalmer No. 3732

P. O. Address *H. L. Lavin*

**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, fact should be so stated above.**