

No. 2  
-1-4-41  
5-17-39  
I X26390

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5055 Geraldine Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Since Birth**  
years, months or days)

3. (a) PRINT FULL NAME **HELEN M. BRADY,**

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

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

6. (b) Name of husband or wife **Edward J. Brady** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **July 22, 1894**  
(Month) (Day) (Year)

8. AGE: Years **46** Months **10** Days **19**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **At Home**

11. Industry or business **House Wife**

12. Name **Henry Kanke**

13. Birthplace **St. Louis**  Mo. (City, town, or county) (State or foreign country)

14. Maiden name **Not known**

15. Birthplace **St. Louis**  Mo. (City, town, or county) (State or foreign country)

16. (a) Informant **Edward J. Brady**

(b) Address **5055 Geraldine Avenue**

17. (a) **Burial** (b) Date thereof **6.13/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son**

(b) Address **2161 East Fair Avenue**

19. (a) **JUN 12 1941** (b) **J. T. Bradach**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **st. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5055 Geraldine Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? **Yes** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10**  
year **1941** hour **6** minute **30** PM M.

21. I hereby certify that I attended the deceased from **Jan - 1940**  
to **June 10 1941**  
that I last saw her alive on **June 10 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolism**  
**no pneumonia** Caused  
Due to **secondary anemia**  
Due to \_\_\_\_\_

Other conditions **Myasthenia Gravis**  
(Include pregnancy within \_\_\_\_\_ months of death)  
**secondary anemia**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **MA**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 **MO**

23. Signature **W. J. Hummel** (M. D. or other) \_\_\_\_\_  
Address **4991 Thrush** Date signed **6-12-41**

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

20  
17  
9

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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.....

*Henry Hampton*

Licensed Embalmer No. *2967*

P. O. Address *H. Davis, Md.*

**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.**