932
No. 2
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5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16092

FILED JUN 15 1942 791

Registration District No. 1003 Primary Registration District No. Registrar's No. 4845

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 017 9

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3115 No. Sarah
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Selma M. Brady

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Leonard Brady

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased 8 (Month) 3 (Day) 1909 (Year)

8. AGE: Years 32 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Swiss Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

FATHER
12. Name Adolph Boesch
13. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Maggie Michael
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Lenard Brady
(b) Address 3115 N. Sarah

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6 4 42 (Month) (Day) (Year)

(c) Place: burial or cremation Swiss Mo.

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand

19. (a) JUN 3 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2, year 1942 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from May 17, 1942, to June 2, 1942 that I last saw her alive on June 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Disseminated encephalomyelitis — Duration 6 mos.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Terminal hypostatic pneumonia — Duration 2 days

Major findings:
Of operations

Of autopsy Same

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Leo J. Wade (M. D. or other)

Address 1515 Lafayette Ave. Date signed 6/2/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4018

P. O. Address.....

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.