

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9114**

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:
3803 Greer Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....

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

(d) Street No. **3803 Greer Ave.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Nora A. Brady.**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **F.** / 5. Color or race **W.**

6. (a) Single, widowed, married, divorced **Widow.**

6. (b) Name of husband or wife **James A. Brady**

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

7. Birth date of deceased **March 2, 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 7 29 hr. min.

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

10. Usual occupation **At Home.**

11. Industry or business.....

MOTHER FATHER

12. Name **Patrick Bridgeman.**

13. Birthplace **Ireland.** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Gibbons.**

15. Birthplace **Ireland.** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Ann Brady.**

(b) Address **3803 Greer Ave.**

17. (a) **Burial** (b) Date thereof **11-3-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Arthur Donnelly**

(b) Address **3840 Lansdowne**

19. (a) **NOV 2 1942** (b) **J. J. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **31,**
year **1942** hour **4.00** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 19** to **Oct 31**, 19**42**
that I last saw him alive on **Oct 30**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. Generala by arterio-sclerosis** Duration **5 yrs**

Due to **Arterio-sclerosis** **5 yrs**

Due to **Ch. Choleliths** **3 yrs**

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings: Of operations..... **12/1**

Of autopsy..... **12/1**

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?

23. Signature **[Signature]** (M.D. or other) **11/3/42**

Address **Union Club Bldg** Date signed **11/3/42**

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

A Budy 1.03

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lincoln Blvd*

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.