

FILED DEC 20 1942 8

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jewish Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1-M.  
 In this community 50 Yrs.  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mary J. Brady

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Thomas F. Brady 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Oct. 9th., 1859  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>2</u>	<u>7</u>	hr. min.

9. Birthplace Ill.  
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name John Conklin  
 13. Birthplace Ireland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Clifford  
 15. Birthplace Ireland  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Thomas J. Brady  
 (b) Address 5045 Minerva Ave.

17. (a) Burial (b) Date thereof 12-19-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary  
 18. (a) Signature of funeral director Arthur J. Donnelly  
 (b) Address 3840 Lindell Blvd.

19. (a) DEC 17 1942 (b) J. F. Bradach  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 12 b  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5045 Minerva Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th.  
 year 1942 hour 4 minute 50 p. M.

21. I hereby certify that I attended the deceased from Nov. 18, 1942 to Dec. 16, 1942  
 that I last saw her alive on December 16, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Coronary Occlusion</u>	<u>28 days</u>
Due to <u>Broncho pneumonia, bilateral Hypostatic</u>	<u>7 days</u>
Due to <u>Senility</u>	
Other conditions _____ (include pregnancy within 3 months of death)	
Major findings: Of operations _____	PHYSICIAN Underline the cause to which death should be charged statistically.
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?  
 \_\_\_\_\_  
 (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Joe M. Orentan D (M. D. or other) \_\_\_\_\_  
 Address 4500 Olive Street Date signed 12/17/42

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

Dr. Orin  
Stein  
Lister Bldg.

9-5  
Po. 3800

**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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**