

FILED JUN 4 1943 818  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

**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: Firmendesloge Hospital  
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 10 days  
40 years. Specify whether years, months or days

**3. (a) PRINT FULL NAME:** Brady, Agnes Nellie

**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:** Married

**6. (b) Name of husband or wife:** J. Brady

**6. (c) Age of husband or wife if alive:** \_\_\_\_\_ years

**7. Birth date of deceased:** MAY 7th 1873  
(Month) (Day) (Year)

**8. AGE:** Years 70 Months 6 Days 8 hr. 30 min

**9. Birthplace:** County Galway Ireland  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** Housewife

**11. Industry or business:** at home

**12. Name:** Joseph Kelley

**13. Birthplace:** County Galway Ireland  
(City, town, or county) (State or foreign country)

**14. Maiden name:** Mary

**15. Birthplace:** County Galway Ireland  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Martin J. Brady

**(b) Address:** 4041 N. Broadway

**17. (a) Burial:** Bureau **(b) Date thereof:** 5/19/43  
(Burial, or cremation) (Month) (Day) (Year)

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

**18. (a) Signature of funeral director:** Nathan Rocklage

**(b) Address:** 6536 Clayton Road

**19. (a) MAY 13 1943** **(b) J. J. Prudek**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County none

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

(d) Street No. 4041 North Broadway  
(Rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country none.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 5 day 14  
year 1943 hour 8:30 minute 9 P. M.

**21. I hereby certify that I attended the deceased from:** 5-14-43  
\_\_\_\_\_ 19\_\_\_\_ to 5-14-43 19\_\_\_\_;  
that I last saw him alive on 5-14-43 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Post-operative Pneumonia - 7  
Compensatory heart failure.

Due to: Hypertension & Cardiovascular Disease **Duration** 10 years.

Due to: Operation for Ca. of Left Breast. **Duration** 5 years

Other conditions (include pregnancy within 3 months of death): \_\_\_\_\_

Major findings: 50 **PHYSICIAN**

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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 \_\_\_\_\_

**23. Signature:** Louis S. Moore (M. D. or other) \_\_\_\_\_

**Address:** Desloge Hospital **Date signed:** 3-15-43

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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..... *J. Allen Davis Jr.*  
Licensed Embalmer No..... *4053.*

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.**