

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21061

State File No. _____

FILED JUL 13 1944

Primary Registration District No. 1000

Registrar's No. 704

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
429 Michigan St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether)
In this community 40 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 429 Michigan
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Russia (0)

3. (a) PRINT FULL NAME

Anna Brady

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female Color or race White

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

6. (b) Name of husband or wife Louis B

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Decemer 25, Unknown
(Month) (Day) (Year)

8. AGE: Years About 60 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Unknown Russia In
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant L. B. Brady (Husband)

(b) Address 429 Michigan St., City

17. (a) Burial (b) Date thereof 7/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adeth Joseph Cemetery

18. (a) Signature of funeral director John E. Crupp

(b) Address 6054 Pryor Ave., City

19. (a) 7/13/44 (b) Helena G. Gable
(Date received local registrar) (Registrar's signature)

23. Signature E. J. Gross (M. D. or other) Dr.

Address 5008 Young Hill Date signed 7-3-44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1,
year 1944 hour 11:2 minute 25 P. M.

21. I hereby certify that I attended the deceased from 7-1 1944 to 7-1 1944
that I last saw her alive on 7-1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 hrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy _____

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 2

Signature E. J. Gross (M. D. or other) Dr.

Address 5008 Young Hill Date signed 7-3-44

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1277

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

JUL 19 1944
JUL 18 1944

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 John E. Rupp
Licensed Embalmer No. 3986
P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.