

No. 2
1-2-43
5-17-39
X35907

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. 18206

Registration District No. Primary Registration District No. 1003 Registrar's No. 1687

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: In hospital or institution 12 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County
(c) City or town St. Louis
(d) Street No. Orpheum Hotel - 9th & Chestnut Sts., Mo.
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD J. BRADY

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 18 1/2 years

7. Birth date of deceased October 8th, 1875 (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business Peterson, Buder Bldg.,

12. Name Patrick Brady

13. Birthplace Galina, Illinois (City, town, or county) (State or foreign country)

14. Maiden name Margaret Unknown

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

16. (a) Informant Margaret Brady

(b) Address Cairo, Illinois

17. (a) Burial (b) Date thereof May 25th, 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cairo, Illinois.

18. (a) Signature of funeral director C. Hoffmeister U.N.L. (b) Address 881 1/2 S. Broadway

19. (a) MAY 25 1946 (b) J. F. Bredesch (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th year 1946 hour 6:45 minute P.M.

21. I hereby certify that I attended the deceased from 5/13/46 to 5/25/46 that I last saw him alive on 5/25/46 and that death occurred on the date and hour stated above.

Immediate cause of death Registered peptic ulcer

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

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 W. H. J. Guedes (M.D. or other) 1515 Lafayette 5/25/46 Address Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JUL 1 1946

Embalment separate cert filed

MAY 25 1946

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.....

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.