

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**FILED DEC 2 1946**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

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:  
4537 Adelaide Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Daniel Brady Sr

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

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

4. Sex Male  5. Color or race White

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

6. (b) Name of husband or wife Mary Brady

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November 5 1868  
(Month) (Day) (Year)

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

77 11 25 hr. min.

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

10. Usual occupation Railroad -- Retired

11. Industry or business Mo Pacific

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mary Brady

(b) Address 4537

17. (a) Burial (b) Date thereof Nov 1 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat Bridge Blvd

19. (a) OCT 30 1946 J. F. Basdek  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 4537 Adelaide Ave  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1946 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1946 to Oct 30 1946 that I last saw him alive on Oct 28 1946 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage (apoplexy)

Due to General arterial sclerosis

Due to \_\_\_\_\_

Other conditions 80  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

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

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

Duration \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Engel J. Mally (M. D. or other) \_\_\_\_\_

Address 634 2nd St Date signed 10-30-46

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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..... *Ralph C. Leiders*  
Licensed Embalmer No..... *4275*  
P. O. Address..... *St. Louis, Mo*

**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.**