

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17905

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3066		Registrar's No. 852	
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Mo b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (in this place) 7		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood			
d. FULL NAME OF HOSPITAL OR INSTITUTION 440 S. Kirkwood Rd.				d. STREET ADDRESS (If rural, give location) 440 S. Kirkwood Rd.			
3. NAME OF DECEASED (Type or Print) Sevilla		a. (First)		b. (Middle)		c. (Last) Brady	
4. DATE OF DEATH April 8, 1949		(Month)		(Day)		(Year)	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 1856	
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months		IF UNDER 2 WEEKS Days		IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John M Brady		13b. MOTHER'S MAIDEN NAME Susanna Johnston		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) age - 93 yrs 450 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip 4 weeks ago 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1, 1945, to April 8, 1949, that I last saw the deceased alive on April 7, 1949, and that death occurred at 2 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Alexander Smith				23b. ADDRESS Webster & Rowland 4-8-Kug		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/9/49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St Louis County, Mo.	
DATE REC'D BY LOCAL REG. 4-9-49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons		ADDRESS 7027 Gravois	

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

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96
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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.....

....., Student Embalmer No.

working under my personal supervision.

Signed Frank Owens.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2245.....

P. O. Address 2027 Travis.....

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.