

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 24299

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6095

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis City Hosp.		e. STREET ADDRESS (If rural, give location) 19 3744 Olive St.		21990	

3. NAME OF DECEASED (Type or Print)		a. (First) Lem		b. (Middle)		c. (Last) BRADY		4. DATE OF DEATH (Month) (Day) (Year) July 2 1954	
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 1 1884		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Steamfitter		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME James T. Brady		13b. MOTHER'S MAIDEN NAME Ida High		14. NAME OF HUSBAND OR WIFE Nil.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 500-30-9505		17. INFORMANT'S SIGNATURE OR NAME Rolla Brady 3744 Olive St.		ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE RENAL SHUTDOWN MEDICAL CERTIFICATION (FAILURE) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERNATREMIA DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH	
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis					

19a. DATE OF OPERATION 6-25-54		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF LARYNX		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 161X	

22. I hereby certify that I attended the deceased from 6-7-54, 19, 17-2-54, 19, that I last saw the deceased alive on 7-2-54, 19, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. A. Sherburne M.D.		23b. ADDRESS 1515 Lafayette Avenue.		23c. DATE SIGNED 7-3-54	
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24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 7-6-54		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
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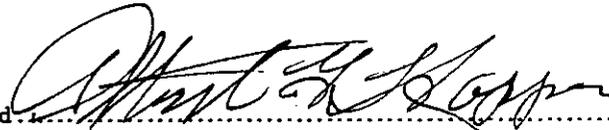
DATE REC'D BY LOCAL REG. JUL 6 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.H. Hoppe 4704 Washington Ave.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 29.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.