

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011381

STATE FILE NUMBER

FILED APR 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3671

300
1-5
0
Dr. Weinsburg 3608 Gravois
ST. LOUIS

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 4956 Delor St	
3. NAME OF DECEASED (Type or print) First JAMES Middle E. Last BRADY		4. DATE OF DEATH Month 3 Day 30 Year 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-9-1899	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sub Station Manager		10b. KIND OF BUSINESS OR INDUSTRY Union Elec Co.		11. BIRTHPLACE (City and state or country) Colorado	
13a. FATHER'S NAME Edward Brady		13b. MOTHER'S MAIDEN NAME Ella Roland		14. NAME OF HUSBAND OR WIFE Alma E. Brady	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-05-0597		17. INFORMANT Address Alma E. Brady 4956 Delor St	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma of Rt. Lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) 165x				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec. 15-57 to March 30-58 and last saw her alive on March 30-58 Death occurred at 1:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. C. Greenberg M.D. (Doctor or nurse)		22b. ADDRESS 3606 Gravois		22c. DATE SIGNED 3/19/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-2-1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
23d. LOCATION (City, town, or county) (State) 1215 Lamay Ferry Rd. No		25. DATE RECD. BY LOCAL REG. APR 1 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
24. FUNERAL DIRECTOR ADDRESS Begethem Bros 6409 Gravois Ave					

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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.

Student Signature of Student Embalmer

Signed Jane M. Sigmon

Licensed Embalmer No. 4343 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.