

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045257

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12116 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 12 1963

VS 300  
Rev. 4/59

DATE AMENDED

1  
2 4/10/30  
3  
4 0  
5 0  
6  
7 0  
8 2  
9  
10  
11  
12 75-0  
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY ~~St. Louis~~  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis Mo.** Length of stay in 1b  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis City Hosp #1** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **St. Louis**  
c. CITY OR TOWN **Pine Lawn, Missouri** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **3501 Ridgedale** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
**Robert J Brady**

4. DATE OF DEATH Month Day Year  
**12 7 63**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **6/29/1885** 9. AGE (last birthday) **78**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Newspaper Carrier.** 10b. KIND OF BUSINESS OR INDUSTRY **News Media** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Brady** 13b. MOTHER'S MAIDEN NAME **Mary Stephens** 14. NAME OF HUSBAND OR WIFE **None - Never Married**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address **John L. Brady, 1263 Forest Home Drive**

18. CAUSE OF DEATH (Enter only one cause of death)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **MYOCARDIAL INFARCTION**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **4201A**  
DUE TO (c)  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **CHRONIC PULMONARY TUBERCULOSIS.** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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. Month, Day, Year  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE  
**11/24/63** **12/7/63** **12/7/63**

21. I attended the deceased from **11/24/63** to **12/7/63** and last saw her/him alive on **12/7/63**. Death occurred at **1:00 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (D, M, or title) **Donald K. Bach. M.O.** 22b. ADDRESS **1515 Lafayette Ave.** 22c. DATE SIGNED **12-8-63** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Dec. 9, 1963** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) **St. Louis, Missouri** (State)

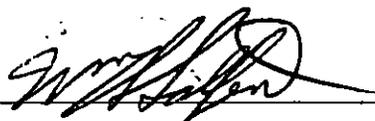
24. FUNERAL DIRECTOR ADDRESS **Arthur J. Donnelly 3840 Lindell Blvd.** 25. DATE RECD. BY LOCAL REG. **DEC 9 1963** 26. REGISTRAR'S SIGNATURE **Donald Smith. M.O.**

USE BLACK INK OR TYPEWRITER RIBBON

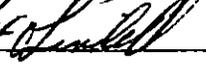
**STATEMENT BY LICENSED EMBALMER**

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. 4699

P. O. Address 3840 

**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.