

BALTIMORE CITY HEALTH DEPARTMENT  
 CERTIFICATE OF DEATH

53 3692

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>George Moore Brady</i>		2. DATE OF DEATH <i>4/14/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>The Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12-01</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>100 O University Pkwy</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>O</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>2/2/1882</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lawyer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Brady-Jones &amp; Hedrick</i>	9. AGE (In years last birthday) <i>71</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>James H Brady</i>		14. MOTHER'S MAIDEN NAME <i>Katherine Taylor Hunter</i>	
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 <i>Margaret Brady</i>
		ADDRESS <i>same</i>	

18. <i>602 X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
I	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>	
	DUE TO	
	ANTECEDENT CAUSES <i>Pyelonephritis</i>	
	DUE TO	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Urteral calculus</i>	
	(C)	

19A. DATE OF OPERATION <i>3/26/53 - 4/3 - 4/5</i>	19B. MAJOR FINDINGS OF OPERATION <i>Venous thrombosis - kidney damage</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 *3/23/53*, 19\_\_\_, to *4/14/53*, 19\_\_\_, that I last saw the deceased alive on *4/14/53*, 19\_\_\_, and that death occurred at *11:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Walter W. Wenzel</i>	23B. ADDRESS <i>Union Memorial Hospital</i>	23C. DATE SIGNED <i>4/14/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>4/16/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral Cemetery</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	ADDRESS <i>W. Allison Ave - 8057 Calvert St</i>

0558U

MARGIN RESERVED FOR BINDING  
 PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

B-630  
53 3692