

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42164

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital**)

File No.....
Registered No. **11872**
St..... Ward

2. FULL NAME

(a) Residence. No. **2841 A Miami St., St., 24** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U.S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED OR DIVORCED (OR) WIFE OF **George Reichert**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 21, 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 4 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **House work**
(b) General nature of industry, business, or establishment in which employed (or employer) **At Home**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo**
(STATE OR COUNTRY)

10. NAME OF FATHER **Pat Brennan**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ireland**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Maria Brennan**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ireland**
(STATE OR COUNTRY)

14. INFORMANT **George H. Reichert**
(Address) **2841 A Miami St**

15. FILED **11/29/29** REGISTRAR **W. C. Fisher**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 4, 1929**

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19..... that I last saw h..... alive on....., 19..... and that death occurred, on the date stated above, at **3:10 P. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fuel Gas Poisoning self-administered at residence, while suffering temporary mental aberration

CONTRIBUTORY (SECONDARY) **Suicide** (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTACTED **167**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **J. W. Cannon**, M. D.

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cemetery** DATE OF BURIAL **12-7 1929**

20. UNDERTAKER **Rieschauer & Co. East Highway** ADDRESS **9228**

WRITE IN INK, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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