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

Do not use this space.

31219

SEP 13 1934

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Cent, Hospital St.) Ward)

File No. 8519

Registered No. .....

2. FULL NAME Francis X. Brennahan

(a) Residence, No. 3834 Wide ave St., N.R. Ward. St. Louis Co. Mo.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tile worker helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Dennis Brennahan

14. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Katherine O'Brien

16. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Ireland

17. INFORMANT Mr. Dennis B. Brennahan
(ADDRESS) 3834 Wide ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Aug 22 1934

19. UNDERTAKER Geo. L. Obelich Inc.
(ADDRESS) 5464 Easton ave

20. FILED AUG 21 1934 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Spleen and rupture of liver (traumatic).	
Manner and cause of same unknown to the Jury.	

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Unknown Date of injury 8/20/, 19 34

Where did injury occur? St. Louis County
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place.

Manner of injury Unknown

Nature of injury Unknown.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank L. Dekay, M.D.

(Address) Belleville

8/21/34

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.

[illegible]