

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

5438
Do not use this space.

RECORDED OF DEATH 4 1938

791
1003

Registered No. 2083

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 6185 McPherson Ave. St.
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martin J. Brennan 655
 (a) Residence, No. 6185 McPherson Ave. St. 5 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb. 26, 1938</u> 19		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Jane Brennan</u>			22. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 23, 1938</u> , to <u>Feb. 26, 1938</u> I last saw him alive on <u>Feb. 26, 1938</u> . Death is said to have occurred on the date stated above, at <u>5:10 PM.</u> The principal cause of death and related causes of importance were as follows: <u>Acute Coronary Thrombosis</u> 2/22/38 <u>Intermittent Heart Disease</u> 1926			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11, 1858</u>				Date of onset		
7. AGE		YEARS <u>79</u>	MONTHS <u>3</u>	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Brush Mfg.</u>		Other contributory causes of importance: <u>None</u>		
		9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		Name of operation <u>None</u> Date of..... What test confirmed diagnosis? <u>All checked</u> Was there an autopsy? <u>No</u>		
FATHER		13. NAME <u>James Brennan</u>				
		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
MOTHER		15. MAIDEN NAME <u>Mary Banecum</u>		23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.		
		16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
17. INFORMANT (ADDRESS) <u>Frank C. Brennan</u> <u>6140a McPherson Ave.</u>				Manner of injury..... Nature of injury.....		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>Mar. 1, 1938</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Arthur J. Donnelly Undt. Co.</u> <u>3840 Lindell Blvd.</u>				(Signed) <u>J. Brennan</u> M. D. (Address) <u>833 No. Theater Bldg.</u>		
20. FILED <u>FEB 28 1938</u> <u>J. T. Bredeck</u> Local Registrar.						

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed

W. Van Matre

Licensed Embalmer No. *2825*

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.)