

REC'D MAY 6 1938

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

15848

Do not use this space.

1. PLACE OF DEATH

(a) County..... St. Louis | Registration District No. 784
 (b) Township..... | Primary Registration District No. 111 Registered No. 771
 (c) City..... Richmond Heights (d) Street No. St. Mary's Hospital, 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

Margaret Brennan 655
 (a) Residence, No. 1224 N. Taylor Ave., St. St. Louis
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 60 - 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
 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) St. Louis, Mo. 0

FATHER 13. NAME Patrick Brennan 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 9

MOTHER 15. MAIDEN NAME Johanna Long,

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

17. INFORMANT Edmund J. Johnson,
 (ADDRESS) 7725 Brooklyn Tr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 5/12/38 19

19. FUNERAL DIRECTOR Robert J. Ambruster
 (ADDRESS) Clayton Rd. at Concordia Lane

20. FILED 4-29 1938 R. Meyer M.D. Local Registrar (Address) 5938 Kinsbury Plc. 7607

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1938 April 28, 1938

er April 28, 1938 Death is said I last saw h. alive on 6:45 P. m.

To have occurred on the date stated above, at

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

Conges of lung (right) Date of onset
 melonate

Other contributory causes of importance:

Edema of lungs

Name of operation Manometry Date of April 1938

What test confirmed diagnosis? Autopsy Was there an autopsy? YES

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.

Manner of injury

Nature of injury

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

If so, specify

(Signed) R. W. Shig. M. D.

(Address) 5938 Kinsbury Plc.

STATEMENT BY LICENSED EMBALMER

I, Robert J. Ambruster, Licensed Embalmer No. 1994

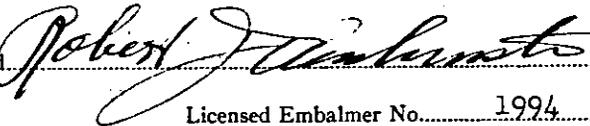
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

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

working under my personal supervision.

Signed



Licensed Embalmer No. 1994

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.)