

SEP 12 1938

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

27478
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **701**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **2426 Coleman St.** Registered No. **7492**
(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

Robert F. Bresnahan
(a) Residence, No. **2426 Coleman St.** St. **11**
(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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 19. 1903**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 II 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Chauffer**
9. Industry or business in which work was done, as saw mill, bank, etc. **City of St. Louis**
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.**

FATHER 13. NAME **Joseph Bresnahan**

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

MOTHER 15. MAIDEN NAME **Julia Gavin**

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

17. INFORMANT (ADDRESS) **Mrs. Ann Bresnahan 2426 Coleman St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Aug. 25 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Cullinane Bros. 1710 N. Grand**

20. FILED **AUG 23 1938** **J. F. Brulech** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 22 1938**

22. I HEREBY CERTIFY, That I attended deceased from **6/7 1938**, to **8/22 1938**

I last saw him alive on **8/22 1938**. Death is said to have occurred on the date stated above, at **11:20 a.m.**

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

Miliary Tuberculosis of Lungs and Pharynx

Date of onset **5/15/38**

Other contributory causes of importance: **None**

Name of operation Date of
What test confirmed diagnosis **All tests** Was there an autopsy? **No.**

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) **J. J. Hennelly**, M. D.
(Address) **W. H. Ford**

WRITE PLAINLY, 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.

50M-50-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

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 John Ketter
Licensed Embalmer No. 3880

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.)