DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30846

Registration District No. 1 4 1939 OCT

Primary Registration District No.

Registrar's No. 7909

1. PLACE OF DEATH:
(a) County St. Louis Mo 2
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5004 Durant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County C. of St. Louis
(c) City or town 7
(If outside city or town limits, write "RURAL")
(d) Street No. 5004 Durant
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John M Brennan 655
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr 30 1901 (Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 12 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business
FATHER
12. Name Lawrence Brennan
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Conway
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Lawrence Brennan
(b) Address 5004 Durant
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Sullivan
(b) Address 2849 N. Euclid
19. (a) SEP 14 1939 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day Sept year 1939 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 9-10-39, to 9-12-39, that I last saw him alive on 9-12-39, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation

Due to Gastric Ulcer

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature W H White (M. D. or other) M D
Address 2803 N. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Henry C. Tinnesi, Registered Apprentice No. 170, working under my personal supervision.

Signed Albert Mayfield

Licensed Embalmer No. 3877

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.