S. No. 2
—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20299

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5247

1. PLACE OF DEATH:

(a) County: 1

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)

In this community 50yrs

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo (b) County: 0

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 20

(d) Street No. 2242 Mullanphy St (If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME: Hugh Bresnahan 625

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Johanna

6. (c) Age of husband or wife if alive: Decd years

7. Birth date of deceased: Nov (Month) 15th. (Day) 1875 (Year)

8. AGE: Years 64 | Months 7 | Days " | If less than one day hr. min.

9. Birthplace (City, town, or county) Ireland (State or foreign country) 5

10. Usual occupation: Laborere

11. Industry or business: Unemployed 5

FATHER
12. Name: Hugh Bresnahan
13. Birthplace (City, town, or county) Ireland (State or foreign country) 5

MOTHER
14. Maiden name: Mary Sullivan
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant: Rev. Michael J Bresnahan
(b) Address: 2315 Mullanphy St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemt

18. (a) Signature of undertaker: Harrigan & Sheahan Und Co
(b) Address: 4415 Washington Blvd.

19. (a) JUN 17 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day June year 1940 hour 9:15 A.M. M.

21. I hereby certify that I attended the deceased from May 10, 1940, to June 15th, 1940; that I last saw him alive on June 15th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Rectum	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation: Ca. Rectum with metastasis (glands)

Of autopsy:

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)
(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. J. Gallagher (M.D. or other) MD
Address: 634 N Grand Date signed 6-15-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Homer H. Fritz

Licensed Embalmer No.....3882

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.