U. S. No. 2
1—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20362

Registration District No. 791 JUN 7 1940

Primary Registration District No. 1003

Registrar's No. 5310

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 6204 Magnolia Ave. 2
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 3
(If outside city or town limits write "RURAL")

(d) Street No. 6204 Magnolia Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME John J. Brennan 1.55

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 1st (Day) 1863 (Year)

8. AGE: Years 77 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Davenport (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Salesman retired 15 Yrs. 6

11. Industry or business

FATHER 12. Name Patrick Brennan 5

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

MOTHER 14. Maiden name Mary McStean

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

16. (a) Informant Gilbert Ennis

(b) Address 6204 Magnolia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1940 hour 1 A.M. minute M.

21. I hereby certify that I attended the deceased from March 15, 1938, to June 18, 1940 that I last saw h... J. M. alive on June 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pancreatitis — Duration 10 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 E. H. Bowden (M. D. or other)

Address 710 Theatre Bldg. Date signed 6-19-40

(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 Reinhold K. Lahrmann

Licensed Embalmer No. 3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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