

AUG 25 1940

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

23325  
Do not use this space.

1. PLACE OF DEATH

(a) County 0 Registration District No. 791  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 5770  
 (c) City St. Louis (d) Street No. 1003 \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name, last end of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth yrs. mos. da.

2. PRINT FULL NAME

1025 C. LARENCE BRESNAN  
 (a) Residence, No. 2410 McNamee St. 23 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Bresnan  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 1888  
 7. AGE YEARS 51 MONTHS 7 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Crow worker  
 10. Date deceased last worked at this occupation (month and year) July 3 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Eugene Bresnan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut

MOTHER 15. MAIDEN NAME Catherine Martin

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

17. INFORMANT (ADDRESS) Helen Bresnan  
2410 McNamee Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 9 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John P. Collins & Son  
928 N. Grand

20. FILED JUL 8 1940  
J. B. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1940

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ Death is said to have occurred on the date stated above, at 9:05 P.M.

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

Asphyxiation due to drowning in River July 4, 1940 about 9:05 P.M. by boat with 2 children July 6, 1940 at foot of Lafayette St. Cause

Other contributory causes of importance: and manner of same could not be determined

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 183

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Asphyxiation Date of injury 7/4 1940

Where did injury occur? St. Louis (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place  
 Manner of injury Asphyxiation  
 Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Alfred Stearns  
 (Address) St. Louis, Mo.

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. I X16605

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**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.....

*Guy W. Wilkinson*

Licensed Embalmer No.....

3575

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.**