

Registration District No. 3-84

Primary Registration District No. 200

Registrar's No. 1021

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellisville
(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 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Ellisville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Brennan

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Michael P. 6. (c) Age of husband or wife if alive Deed years

7. Birth date of deceased May 22nd. 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name August Hullman

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

14. Maiden name Catherine Mumbach

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

16. (a) Informant Mrs Edna Sanders

(b) Address 6016 Tholozan Ave

17. (a) Burial (b) Date thereof 5/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemt Kirkwood
Harrigan & Sheahan Und Co

18. (a) Signature of funeral director _____

(b) Address 4415 Washington Blvd

19. (a) MAY 9 - 1942 (b) C. N. Ma
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1942 hour 5:45 PM minute _____ M.

21. I hereby certify that I attended the deceased from March 17 1942 to May 8 1942
that I last saw her alive on May 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension
Atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations GBai

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Henry F. Scott (M. D. or other) M.D.
Address Bellvue, Mo. Date signed 5/9/42

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

MOTHER FATHER

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 W. T. [Signature]

Licensed Embalmer No. *3887*

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, fact should be so stated above.