S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8117

Primary Registration District No. 100-1

Registrar's No. 2495

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: Firmin Desloge Hospital
(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 Missouri (b) County 17
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3520a Dodier St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martin Brennan
3. (b) If veteran, name war No
3. (c) Social Security No. 486-12-4276
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Margaret Mc.Hugh
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 15 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
64	1	29	hr. min.

9. Birthplace County Wexford (City, town, or county) Ireland (State or foreign country)
10. Usual occupation Elevator Operator
11. Industry or business Claridge Hotel

MOTHER FATHER

12. Name Thomas Brennan
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Anastatatia White
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Mahaney
(b) Address 3520a Dodier St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) MAR 16 1943 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1943 hour 6 minute 12 A. M.
21. I hereby certify that I attended the deceased from 3-4, 1943, to 3-14-, 1943, that I last saw him alive on 3-14-43, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lateral sinus thrombosis, rt.	4 da
Due to Acute mastoiditis	11 da
Due to Chronic otitis media,	5 wks
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Acute mastoiditis
Of autopsy Lateral sinus thrombosis, acute mastoiditis

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. F. Melick (M. D.)
Address 1325 South Grand Blvd. Date signed

(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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.