

FILED AUG 12 1943
Registration District No. **18**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME Annie Brennan
3. (b) If veteran, None **3. (c) Social Security** None
name war No.

4. Sex F **5. Color or race** W **6. (a) Single, widowed, married,**
divorced M.
6. (b) Name of husband or wife Michael P. **6. (c) Age of husband or wife if**
alive 65 years
7. Birth date of deceased Feb. 2, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 2 hr. min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation House work - domestic.

11. Industry or business domestic

MOTHER FATHER { **12. Name** Bernard Maguire
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Cannely
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Michael P. Brennan

(b) Address 1827 Cole St

17. (a) Buried Calvary Cemetery **(b) Date thereof** Aug. 6, 1943.
(Burial, cremation, or removal) (Date)

18. (a) Signature of funeral director Brockland and Co.
(b) Address 1827 Hogan St

19. (a) AUG 5 1943 **(b) J. T. Broderick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. **(b) County** St. Louis, 100
17
(c) City or town St. Louis, Mo. 219
(If outside city or town limits, write "RURAL")
(d) Street No. 1825 Cole St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4th
year 1943 hour 1:10 minute A M.
21. I hereby certify that I attended the deceased from July 15, 1943, to Aug 4, 1943
that I last saw her alive on Aug 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 4 day
Due to arterial stenosis year
Due to Ch. Myocarditis 2
Other conditions (Include pregnancy within 3 months of death) 92
Major findings: Of operations **PHYSICIAN**
Of autopsy 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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Arthur S. Leach (M. D. or other) Leach
Address 2102 University **Date signed** 8/5/43

