

AUG 21 1943

Registration District No. 161

Primary Registration District No. 5594

1. PLACE OF DEATH:

Jefferson
 (a) County
 (b) City or town: Rural - Monmouth town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 St. Joseph's Hill Infirmary 5
 (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)

3. (a) PRINT FULL NAME Patrick W. Brennan

3. (b) If veteran, name war None
3. (c) Social Security No. None4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, ~~unmarried~~6. (b) Name of husband or wife: The late Isabelle Brennan
6. (c) Age of husband or wife if alive: 70 years7. Birth date of deceased: July 31st 1868
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
74 11 26 hr. min.9. Birthplace: Pacific Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Grocer

11. Industry or business: _____

MOTHER FATHER {
 12. Name John Brennan
 13. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Ann Dunnehan
 15. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. Anthony Brennan
(b) Address 1105 Lawn Ave.17. (a) Burial (b) Date thereof 7-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.19. (a) 26 Jul 1943 (b) J. A. Townsend
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town: St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1105 Lawn Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th
year 1943 hour 6:15 minute P.M. M.

21. I hereby certify that I attended the deceased from June 23, 1943, to July 26, 1943, that I last saw him alive on July 24, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to: Hypertension (Arteriosclerosis) ?

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations: _____

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: Joseph McNearney M.D.
Address: 2240 Brentwood St. Date signed: 7/27/43

Duration

2 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Mr Joe Mc Kearney
2240 Brentwood Blvd
1-3

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 Richard W. Stevenson

Licensed Embalmer No. 4007

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:
St. Joseph Hill Infirmary
(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. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 1105 Sammie Lane
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Patrick W. Brennan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced w

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

7. Birth date of deceased: July (Month) 31 (Day) 1908 (Year)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years 74 Months 11 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

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 _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8/23/43 (Date received local registry)

(b) James W. Downes (Registrar's signature)

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

28544