

Registration District No. 318Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Della Bresnan3. (b) If veteran, name war NO 3. (c) Social Security No. NO4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife MAURICE G. BRESNAN 6. (c) Age of husband or wife if alive 50 years7. Birth date of deceased October 12 1894
(Month) (Day) (Year)8. AGE: Years 48 Months 11 Days 26 If less than one day
hr. min.9. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name MICHAEL BUTLER13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)14. Maiden name BRIDGET LEDMAN15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)16. (a) Informant Mr. Maurice Bresnan(b) Address 3967 BLAINE AV.17. (a) BURIAL (b) Date thereof Oct. 17 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY, CEM.18. (a) Signature of funeral director E. J. Schmur.(b) Address 3125 Lafayette St19. (a) OCT 10 1943 (b) J. J. Busch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
 (c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
 (d) Street No. 3967 BLAINE AV. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8,
year 1943 hour 2:15 minute A. M.21. I hereby certify that I attended the deceased from October 6,
19 43 to October 8, 19 43;that I last saw him or alive on October 8, 19 43;
and that death occurred on the date and hour stated above.

Immediate cause of death.

Hypertensive Cardio-vascular disease

Due to

Encephalomalacia -
Left occipital lobeOther conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operations 93Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
 (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)
(c) Means of Injury 023. Signature William J. Day (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 10/8/43

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..... *Joe B. Vollmer*.....

Licensed Embalmer No. *4014*.....

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.