

FILED APR 20 1944 818 Primary Registration District No. 1003

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

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:
5231 Washington Ave.
(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 Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5231 Washington Ave.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 11
 year 1944 hour 2 minute 30 a.m.

4. Sex Male 5. Color or Race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Katie Boyle 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased June 10 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1939 to April 11, 1944
 that I last saw him alive on April 10, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 71 ~~72~~ Months 10 Days 1 hr. min.

Immediate cause of death Arteriosclerotic Heart disease 2 yrs
 Due to Arteriosclerosis (Hypertension) 4 yrs

9. Birthplace Ireland (City, town, or county) (State or foreign country) H
 10. Usual occupation Molder

Other conditions (Include pregnancy within 3 months of death) 9/20
 Major findings: Of operations.....
 Of autopsy.....

11. Industry or business Steel Plant
 12. Name John Brennan
 13. Birthplace Ireland (City, town, or county) (State or foreign country) H
 14. Maiden name Anna Warren
 15. Birthplace Ireland (City, town, or county) (State or foreign country) H

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

16. (a) Informant Katie Brennan
 (b) Address 5231 Washington Ave.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-44
(Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

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? (Specify type of place) (e) Means of injury.....

18. (a) Signature of funeral director Cullinane Bros.
 (b) Address 1710 N. Grand Blvd.
 19. (a) APP 13 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

23. Signature Lo E Matlock (M. D. or other)
 Address 4030 Chantem ave Date signed 4/11/44

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.