

No. 2
OM-5-43
v. 5-17-39
I X36671

FILED MAY 31 1946
318

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **4625**

1. PLACE OF DEATH:

(a) County... St. Louis

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

(c) Name of hospital or institution:
5446 N. Euclid Ave.
(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.....
years, months or days

3. (a) PRINT FULL NAME Joseph L. Brennan

3. (b) If veteran, name war. No

3. (c) Social Security No. 327-03-3617

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Marie McGee

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 31, 1885 Missouri
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>1</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

MOTHER FATHER

11. Industry or business.....

12. Name Micheal Brennan

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

14. Maiden name Anna Fahey

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

16. (a) Informant Marie Brennan

(b) Address 5446 N. Euclid Ave.

17. (a) Burial (b) Date thereof May 24 '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig Funeral Home

(b) Address 4746 W. Florissant Ave.

19. (a) MAY 23 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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. 5446 N. Euclid Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1946 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Sclerosis
Chronic Myocardial Degeneration

Due to.....

Due to.....

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

PHYSICIAN

Major findings:
Of operations.....

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?.....

23. Signature Patrick E. Taylor (M.D. or other)
Address..... Date signed 5/23/46

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

17088

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..... *Jay W Wilkins*
Licensed Embalmer No..... *3575*
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.