

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 42783  
11687

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 11687
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2139		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		1/3 STREET ADDRESS (If rural, give location) 5400 Arsenal St.		
3. NAME OF DECEASED (Type or Print) ANNA		a. (First)	b. (Middle)	c. (Last) BRENNAN
4. DATE OF DEATH Dec. 30, 1951		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 18, 1870		9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany; 4
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John Fluck		13b. MOTHER'S MAIDEN NAME Don't Know
14. NAME OF HUSBAND OR WIFE John E. Brennan Dec.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Helen Nichol, on, 612 S. Rockhill Rd.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease  ANTECEDENT CAUSES DUE TO (b) Senility Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH 4 yrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500
22. I hereby certify that I attended the deceased from Mar. 3, 1947, to Dec. 30, 1951, that I last saw the deceased alive on Dec. 30, 1951, and that death occurred at 4:30a m., from the causes and on the date stated above.				
23. SIGNATURE John Solenker, M.D.		23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 12/30/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 2, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cem., St. Louis, Mo.
24d. CITY (City, town, or county) St. Louis, Mo.		24e. STATE (State)		24f. DATE 12/30/51
DATE DEC'D BY 1951		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark, 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.