

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44733

State File No. 11876

FILED JAN 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>St. Anthony Hosp</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>3738 A Tennessee</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>30 Days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2169</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hosp</b>			d. STREET ADDRESS <b>3738 A Tennessee</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Daniel</b> b. (Middle) <b>A</b> c. (Last) <b>Brennan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 23 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-24-1911</b>	9. AGE (In years last birthday) <b>41</b>	10. IF UNDER 1 YEAR Months _____ Days <b>29</b> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done in pursuit of working life, even if retired) <b>Office Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Monsanta Chem.</b>	11. BIRTHPLACE (State or foreign country) <b>Catawisa Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Daniel I. Brennan</b>		13b. MOTHER'S MAIDEN NAME <b>Georgia Gorgen</b>		14. NAME OF HUSBAND OR WIFE <b>Agnes Scheve Brennan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>No</b> (If yes, give year or dates of service) <b>None</b>	16. SOCIAL SECURITY <b>494-10-3345</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Agnes Brennan</b> ADDRESS <b>3738 A Tennessee</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Card. Vascular Real Disease</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>4 years</b>
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>442x</b>			
22. I hereby certify that I attended the deceased from <b>7-7</b> , 1952, to <b>12-23</b> , 1952, that I last saw the deceased alive on <b>12-23</b> , 1952, and that death occurred at <b>4 P.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Robert A. Brennan M.D.</b>			23b. ADDRESS <b>5417 South Grand</b>		23c. DATE SIGNED <b>12-26-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-27-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>DEC 26 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wingbermuehle</b> ADDRESS <b>3819 S Grand Blvd</b>		

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

E.P. (Licensed Embalmer's Statement on Reverse Side)

APR 22 1953

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

*Geo J. Kingburnell*

Licensed Embalmer No. 4611

P. O. Address St. John's Ave

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.