

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13221**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3255**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before of STATE <b>MO.</b> b. COUNTY <b>ST. LOUIS</b> )	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BELLE FONTAINE NEIGHBORS</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>92 GREEN ACRES</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKES HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>MYRTLE</b>	b. (Middle) <b>M.</b>	c. (Last) <b>BRENNAN</b>	(Month) <b>APR.</b>	(Day) <b>10</b>	(Year) <b>1954</b>

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 26-1891</b>	9. AGE (In years last birthday) <b>62</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>0</b>
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13a. FATHER'S NAME <b>JOSEPH CHARTRAND</b>	13b. MOTHER'S MAIDEN NAME <b>KATHERINE KIERNAN</b>	14. NAME OF HUSBAND OR WIFE <b>CLAUDE F. BRENNAN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Claude F. Brennan - 92 Green Acres</b>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Degenerative Heart Disease</b>		
	II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
		<b>422.2</b>

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?
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22. I hereby certify that I attended the deceased from **Aug**, 19**42**, to **April 10**, 19**54**, that I last saw the deceased alive on **April 10**, 19**54**, and that death occurred at **10:00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Richard D. Dunderman, M.D.</b>	23b. ADDRESS <b>4945 Nat'l. Blvd. St. Louis</b>	23c. DATE SIGNED <b>4/10/54</b>
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24a. FUNERAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <b>APR. 13-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
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DATE REC'D BY LOCAL REG. <b>APR 12 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>P. Mulken</b>	ADDRESS <b>65165 Delmar Bl</b>
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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

*J. C. Morris*

Licensed Embalmer No. *3360*

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.