

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21700**
5747

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	c. LENGTH OF STAY (In this place) 1 DAY	c. CITY OR TOWN SHREWSBURY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD HOSP.		e. STREET ADDRESS (If rural, give location) 7408 NOTTINGHAM AV.	

3. NAME OF DECEASED (Type or Print) a. (First) ANNE b. (Middle) EVA c. (Last) BRENNAN	4. DATE OF DEATH (Month) (Day) (Year) JUNE 14, 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 10, 1912	9. AGE (In years last birthday) Months Days Hours Min. 43
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) MAPLEWOOD, MO -	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME JOHN GREMMER	13b. MOTHER'S MAIDEN NAME SOPHIE KREBS	14. NAME OF HUSBAND OR WIFE JAMES F. BRENNAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES F. BRENNAN 7408 NOTTINGHAM
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Irreversible MEDICAL CERTIFICATION. SHOCK		INTERVAL BETWEEN ONSET AND DEATH 10 hours
	ANTECEDENT CAUSES Ruptured uterus Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Ruptured uterus Precipitate labor, full term DUE TO (c) Precipitate Labor Full Term.		
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 6776	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-11-56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 6-11-56
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22. I hereby certify that I attended the deceased from **3/11, 1952**, to **6/14, 1956**, that I last saw the deceased alive on **6/14, 1956**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above. **6-16-56**

23a. SIGNATURE John P. Michaelree (Degree or title)	23b. ADDRESS 2816 Sutton	23c. DATE SIGNED 6/16/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JUNE 18, 1956	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.
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DATE REC'D BY LOCAL REG. JUN 18 1956	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 831 EAST 816 BEND
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mjb (Licensed Embalmer's Statement on Reverse Side) **WEBSTER GRAVES 19 MO.**

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.....
Signature of Student Embalmer

Signed *Francis J. Keyland*.....

Licensed Embalmer No. *4518*

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.