

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

674-29-58 58-030189

STATE FILE NUMBER

318

1003

Registrator's No.

8657

FILED SEP 12 1958

Registration District No.

Primary Registration District No.

Registrator's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Evangelical Deacons Thrasonic</i>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>4216 Newport Ct</i>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>GEORGE - BRENNAN</i>				First	Middle	Last	4. DATE OF DEATH Month Day Year <i>9-5-58</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>9-5-58</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>0</i>
13. FATHER'S NAME <i>James Brennan</i>				14. MOTHER'S MAIDEN NAME <i>BERNADETTE FRANCES LAMPING</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>St Louis, Mo</i> <i>Mrs. J. Brennan 4216 Newport Ct.</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>prematurity-incompatible with life</i> <i>breast cancer, incompatible with life</i>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Meningitis</i>	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	776 X			
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE				
21. I attended the deceased from <i>9-5-58</i> to <i>9-5-58</i> and last saw ^{her} _{him} alive on <i>9-5-58</i> Death occurred at <i>8:20 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>W. D. Hawker</i> (Degree or title)				22b. ADDRESS <i>0 16 Hampton Valley Plaza</i>		22c. DATE SIGNED <i>9/6/58</i>		
23a. BURIAL, CREMATION, or other disposal (Specify)	23b. DATE <i>9-8-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cem</i>	23d. LOCATION (City, town, or county) <i>St. Louis Mo</i>	(State)				
24. FUNERAL DIRECTOR <i>Engelhardt 3817 So Grand Bl</i>			ADDRESS	25. DATE RECD. BY LOCAL REG. <i>SEP 8 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare
Public Service

300
1-56
0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Geo. Dingemuehl* *Not Embalmed*

Licensed Embalmer No. *46*

P. O. Address *H. Hou*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.