

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007913

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 545

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Richmond HTs.		c. CITY OR TOWN Hanley Hills 4281	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION St. Mary's Hospital D.O.A.		d. STREET ADDRESS (If outside, give location) Reside on Farm 7731 Monroe Drive Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Nonie Middle Brennan Last Brennan			4. DATE OF DEATH Month February Day 26 Year 1959		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15th. 1883	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 4 Days 2 Hours 2 Min. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Keeper		10b. KIND OF BUSINESS OR INDUSTRY House-Keeper		11. BIRTHPLACE (City and state or country) Ireland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Michael Brennan		
14. MOTHER'S MAIDEN NAME Mary Shea			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		
16. SOCIAL SECURITY NO. 190-36-3850		17. INFORMANT Address Mrs. Mary Dorn 7731 Monroe Drive			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) A.S. CV disease	Unstated
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes mellitus		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) none	
20c. TIME OF INJURY Hour 11 a. m. 2 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 **Oct 29, 1955** to **Febr. 26, 1959** and last saw her alive on **Febr 19, 1959**
Death occurred at **11 a m** on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title) H. E. Oppenheimer, M.D.	22b. ADDRESS 35 N. Central Ave. Clayton, Mo	22c. DATE SIGNED Feb 27, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-2-1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis	STATE Missouri	

24. FUNERAL DIRECTOR Arthur J. Donnelly	ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. 3-27-59	26. REGISTRAR'S SIGNATURE John P. Murphy, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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174

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 40.....

P. O. Address 3840.....

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.