URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 30 1960

60-011549

STATE FILE NUMBER

ENDED

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RURAL - MERAMEC — Length of stay in 1b: 3-10-9days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. JOSEPH'S HILL INF. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY:
c. CITY OR TOWN: KIRKWOOD — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 110 NO. VAN BUREN — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JOHN Middle: L Last: BRENNAN

4. DATE OF DEATH: Month: MARCH Day: 16 Year: 1960

5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-11-1872
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: GROCER
11. BIRTHPLACE (City and state or country): PACIFIC, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JOHN BRENNAN
13b. MOTHER'S MAIDEN NAME: ANNE DUNNIGAN
14. NAME OF HUSBAND OR WIFE: MARY CANNON

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: BRO. LEONARD ST. JOSEPH'S HILL INF. Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CARDIAC DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH: 3 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): GENERALIZED ARTERIOSCLEROSIS
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
BILATERAL INGUINAL HERNIAS ; PROSTATIC HYPERTROPHY
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sept 1959, to 3-16-1960 and last saw him alive on Jan. 28, 1960
Death occurred at 12:45 a.m. 3/16/60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick G. Hogan MD
22b. ADDRESS: 2623 TELEGRAPH Rd Lemay Mo
22c. DATE SIGNED: 3/17/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Marin' 60
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY: St. Bridgets
23d. LOCATION (City, town, or county) (State): Pacific Mo.

24. FUNERAL DIRECTOR: Mrs John L. Shieber ADDRESS: Pacific Mo
25. DATE RECD. BY LOCAL REG.: 3-19-60
26. REGISTRAR'S SIGNATURE: Robert E. Brown

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ralph Oltmann

Signature of Student Embalmer

Licensed Embalmer No. 4808

P. O. Address Union, Mo

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