

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3634-61-047087
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3634

AMENDED

FILED JAN 9 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	ST LOUIS,	a. STATE	MISSOURI COUNTY ST LOUIS,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	PINE LAWN	c. CITY OR TOWN	PINE LAWN
Length of stay in 1b YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6207 STILLWELL		6207 STILLWELL	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
LIGUORI A. BRENNAN			DEC.	18,	1961	
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR
MALE	WHITE		4/11/1902	59	Months	Days
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)	12. CITIZEN OF WHAT COUNTRY		
CLERK			VICKSBURG MISS.	U.S.A.		
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		
WILLIAM HENRY BRENNAN		JULIA MIDDLETON		ODIE BRENNAN		
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			
NO		DON'T KNOW	ODIE BRENNAN 6207 STILLWELL			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Acute myocardial infarction</i>		<i>1 hr.</i>
DUE TO (b) <i>Arterio-sclerotic heart disease</i>		<i>3 days.</i>
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		
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 Nov. 1950 to Dec. 18, 1961 and last saw ^{her} him alive on Dec. 18, 1961
 Death occurred at 10:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>F. R. Sheridan</i> (Degree or title)	22b. ADDRESS <u>1755 So. Grand Blvd.</u>	22c. DATE SIGNED <u>12-20-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
REMOVAL	12/22/61	CALVARY CEMETERY
24. FUNERAL DIRECTOR ADDRESS		23d. LOCATION (City, town, or county) (State)
SROOT - CARROLL 4600 NAT'L BRIDGE		ST LOUIS MISSOURI
25. DATE RECD. BY LOCAL REG. <u>12-21-61</u>		26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>

DATE FURNISHED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 M W Rueter

Licensed Embalmer No. 4865

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.