

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

= 62-039235

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 139

FILED NOV 7 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JEFFERSON COUNTY		a. STATE MISSOURI COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EUREKA, MERCAMEC TWP. RT. 1		c. CITY OR TOWN EUREKA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOSEPH HILL INFIRMARY		d. STREET ADDRESS (If outside, give location) ST JOSEPH HILL INFIRMARY	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First HAROLD Middle DAVID Last BRENNAN		Month OCT , Day 26 , Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH AUG 9, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEPHONE MAN		11. BIRTHPLACE (City and state or country) CARROLLTON MO. U.S.A.	9. AGE (last birthday) 58
13a. FATHER'S NAME MICHAEL BRENNAN		14. NAME OF HUSBAND OR WIFE CATHLEEN BRENNAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		17. INFORMANT CATHLEEN BRENNAN 4576 CLARENCE AVI	
16. SOCIAL SECURITY NO. #		12. CITIZEN OF WHAT COUNTRY	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBROVASCULAR ACCIDENT			INTERVAL BETWEEN ONSET AND DEATH 4 DAYS.
DUE TO (b) GENERAL ARTERIOBCLEROSIS			
DUE TO (c) GENERALIZED ARTERIOBCLEROSIS.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic brain syndrome.			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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 2:45 a 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 Sept 61 , to Oct 62 and last saw him alive on Oct 24th 1962		Death occurred at 2:45 a m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Patrick C. Hogan M.D.		22b. ADDRESS 3654 South Grand St Louis	22c. DATE SIGNED 10/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10/29/62	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) ST LOUIS MISSOURI
24. FUNERAL DIRECTOR STROOT CARROLL		25. DATE RECD. BY LOCAL REG. 10-29-62	26. REGISTRAR'S SIGNATURE Robert E. Bower
ADDRESS 4600 NATURAL BRIDGE			

*Dr. Patman
36 @ 5410
on Grand*

NOV 8 1962

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.