

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11727

1. PLACE OF DEATH

County.....

Registration District No. 70

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Hospital)

File No.

Registered No. 3570

St. Ward

2. FULL NAME

(a) Residence No. 2417 Kemp (Res.) (Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July: 17-1856

7. AGE YEARS 69 MONTHS 8 DAYS 10 If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

10. NAME OF FATHER John J. Brennan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Missouri

12. MAIDEN NAME OF MOTHER Matilda Simero

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Missouri

14. HOSPITAL St. Joseph Hospital
INFORMANT Starkley
(Address) City of St. Louis

15. FILED MAR 31 1928 Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1928

17. I HEREBY CERTIFY That I attended deceased from March 27 1928 to March 27 1928 that I last saw him alive on March 27 1928 and that death occurred, on the date stated above, at 1142

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General arteriosclerosis
93
820
97 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) Chronic myocarditis
Cerebral hemorrhage (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: 903

8 DID AN OPERATION PRECEDE DEATH? DATE OF 903

WAS THERE AN AUTOPSY? yes

3/ WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Henry C. Westerman, M.D.

178, 1928 (Address) City of St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL S. St. Peter & Paul's **DATE OF BURIAL** Apr. 2 1928

20. UNDERTAKER Wacker Helderle 2331 So. Bidway **ADDRESS**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Moran