

K. 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.

1928

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Mary's Hospital

Registration District No. 1170
Primary Registration District No. 624814

File No. 14771
Registered No. 102
St. _____ Ward _____

2. FULL NAME Dan M. Brennan

(a) Residence, No. 605 Clara Ave. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13 - 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>34</u>	<u>1</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer St. Clair Oil Co.

9. BIRTHPLACE (CITY OR TOWN) Scranton Pa.
(STATE OR COUNTRY)

10. NAME OF FATHER Wm. L. Brennan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Pa.

12. MAIDEN NAME OF MOTHER Kathleen Miles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Pa.

14. INFORMANT Kathleen Brennan
(Address) 605 Clara Ave.

15. FILED 4/26, 1928 Co. L. J. Jansen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 24th, 1928, to April 24th, 1928
that I last saw h. v. a. alive on April 24th, 1928 and that death occurred, on the date stated above, at 11:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertrophic Cirrhosis
Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 12201
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J. Gallagher, M. D.

(Address) 425, 1928 (Address) 311-113 Wall St.

*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 Calvary Cemetery DATE OF BURIAL April 27, 1928

20. UNDERTAKER St. Rindskopf ADDRESS 526 Delmar

