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

Do not use this space.

22515

1. PLACE OF DEATH

County ..... Registration District No. 791 1009 File No. 22515

Township ..... Primary Registration District No. ..... Registered No. 6720

City St Louis (No. 4067 McPherson St. ..... Ward)

2. FULL NAME Timothy Bresnahan

(a) Residence. No. ..... St., 19 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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.

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 Jessie Bresnahan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE: About 55 YEARS | MONTHS — | DAYS — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Detective
(b) General nature of industry, business, or establishment in which employed (or employer) Mayfair Hotel
(c) Name of employer

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

PARENTS

10. NAME OF FATHER John Bresnahan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) +
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Elizabeth Falvey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs Jessie Bresnahan
(Address) 4067 McPherson Ave

15. JUN 27 1928
FILED ..... 19.. Max C Starkloff
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 3/28, 1928, to June 25, 1928, that I last saw him alive on Jan 25, 1928, and that death occurred, on the date stated above, at 3:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C Apoplexy Cerebral
86A Hemorrhage

Sudden (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Myocarditis Chronic

(duration) ..... yrs. 6 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? JOB

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) Cyrus Schenfeld, M.D.

June 26, 1928 (Address) 957 Arcade

*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
DATE OF BURIAL: 6-28 1928

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

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.

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Arcade [illegible]

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