

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1000
City St. Louis (No. 3818 Kennedy A)

File No. 21163
Registered No. 4934
St. Ward

2. FULL NAME

(a) Residence, No. St. 11 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael J Brennan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25 1873</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>0</u>
		9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis</u>
13. NAME <u>John Keenan</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>11 11</u>

17. INFORMANT (ADDRESS) <u>Mrs James M. Coffey</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>June 7 1933</u>
19. UNDERTAKER (ADDRESS) <u>Arthur J. Roth, 222 1/2 South 3840</u>
20. FILED: <u>LN - 6 1933</u> <u>J. F. Bredeck</u> Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1933
22. I HEREBY CERTIFY, that I attended deceased from March 30 1933 to June 4 1933
I last saw her alive on June 3 1933 Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

<u>Chronic Nephritis with Acute</u>	Date of onset <u>6 M</u>
<u>Chronic Mitral Regurgitation</u>	<u>29 M</u>

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis Thrombosis of Arteries Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Geo B Keegan , M. D.
(Address) 3442 S. Linden

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

See B. Fryer

3402 Emeralds 1

Ev 2054

2-4

—

10

8
8

10

4