

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.

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

Do not use this space.

**JUN 6 1936**

**21103**

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis, Mo.* (No. *City Superior*)

Registration District No. **791**  
Primary Registration District No. **1008**

File No.....  
Registered No. **5310**  
St. .... Ward)

**2. FULL NAME**

*Albert Brennan*  
(a) Residence, No. *5802 Arsenal* St. *Hospital* Ward. *13*  
(Usual place of abode) *City Superior* (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) *Widower*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Bilsman*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov-10-1851*  
7. AGE YEARS *84* MONTHS *6* DAYS *8* If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Restaurant Manager*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lafayette Indiana*

FATHER 13. NAME *Brennan*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "

MOTHER 15. MAIDEN NAME " " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " "

17. INFORMANT *E. Molony* (ADDRESS) *5802 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *5-20-36*

19. UNDERTAKER *Reedy Bros.* (ADDRESS) *3029 Lafayette*

20. FILED *J. F. Bredeck* Registrar.

**MAY 10 1936**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 18* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *May 14*, 19*36*, to *May 18*, 19*36*  
I last saw him alive on *May 18*, 19*36* Death is said to have occurred on the date stated above, at *2:40 P.M.*  
The principal cause of death and related causes of importance were as follows:

*Bronchopneumonia*  
*1860*  
Other contributory causes of importance:  
*celphatid neck of rt femur (H-14-36) from fall*  
Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *Accidental injury* *4-14-36*  
Where did injury occur? *St. Louis Mo.*  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
*Fell on street*  
Manner of injury *fracture of Rt. femur*  
Nature of injury *Fell to side of head*

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) *C. E. Smith*, M. D.  
(Address) *5602 Arsenal St. St. Louis, Mo.*

