

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.

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

Do not use this space.

JUL 14 1936

1. PLACE OF DEATH

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

Registration District No.....
Primary Registration District No.....

791

1003

File No.....
Registered No..... **6496**
St..... Ward.....

2. FULL NAME

(a) Residence, No. *3856 a Botanical* St., *17* 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. *17* How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>		4. COLOR OR RACE <i>White</i>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Thomas Brennan</i>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 30 1860</i>					
7. AGE		YEARS <i>75</i>	MONTHS <i>7</i>	DAYS <i>24</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>At Home</i>				
	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) <i>St. Louis Mo</i>					
FATHER	13. NAME <i>David Tracy</i>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>				
MOTHER	15. MAIDEN NAME <i>Unknown</i>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>				
17. INFORMANT (ADDRESS) <i>Thomas Brennan 3856 a Botanical</i>					
18. BURIAL, CREMATION, OR REMOVAL <i>Cemetery</i> DATE <i>June 27 1936</i>					
19. UNDERTAKER (ADDRESS) <i>Wm. J. ... 1925 S Grand St</i>					
20. FILED JUN 26 1936 <i>J. J. Bredeck</i> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 24 1936*

22. I HEREBY CERTIFY, That I attended deceased from *June 18 1936*, to *June 24 1936*
I last saw her alive on *June 23 1936* Death is said to have occurred on the date stated above, at *3:30 AM*
The principal cause of death and related causes of importance were as follows:
Carcinoma of sigmoid Date of onset *?*

Other contributory causes of importance:
Partial Intestinal Obstruction several weeks Cerebral Hemorrhage?

Name of operation *Coleostomy* Date of *6-22-36*
What test confirmed diagnosis? *Operation* Was there an autopsy? *No.*

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? *No*
If so, specify *John J. Hammond* M. D.
(Signed) *J. J. Bredeck*
(Address) *1011 North Blvd*

JUN 26 1936

