

DEC 3 1936

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

Do not use this space
43005

1. PLACE OF DEATH

County MissouriRegistration District No. 791Township St. LouisPrimary Registration District No. 1003City St. Louis(No. 54419 Wren ave.)File No. 11580Registered No. 11580

St. _____ Ward _____

2. FULL NAME Thomas J. Brennan(a) Residence, No. 54419 Wren ave. St. 7 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosalie Brennan6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16 - 18927. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 2 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Divid9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eugenon

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) Mt. Olive Ill13. NAME Daniel Brennan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Margaret Kniern16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Litchfield Ill17. INFORMANT Rosalie Brennan
(ADDRESS) 54419 Wren ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Ill DATE Nov. 24 193619. UNDERTAKER John A. Heuteman
(ADDRESS) 5077 Wren ave.20. FILED NOV 23 1936 J. Bredek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21st 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1936, to Nov. 21, 1936I last saw him alive on Nov. 21, 1936 Death is said to have occurred on the date stated above, at 4^{PM} m.

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

Coronary Embolus Date of onset 11-21Other contributory causes of importance: JKName of operation None Date of _____What test confirmed diagnosis? Clinical 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 _____(Signed) W. H. Crowe M. D.(Address) 5738 W. Flanagan

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.

MAKING RESERVED FOR BINDING

V. S. NO. 2
100M-11-24-33

