

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.

B 28 1939

REC'D MAR 8 1939

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

7788  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Normandy Primary Registration District No. 200 Registered No. 360  
(c) City Normandy (d) Street No. 3834 Waco Ave. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dennis B. Bresnahan.

(a) Residence, No. 3834 Waco Ave. St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1882.  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min.  
56 8 20  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plasterer  
9. Industry or business in which work was done, as saw mill, bank, etc. unemployed.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

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

FATHER 13. NAME Dennis Bresnahan.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER 15. MAIDEN NAME Catherine O'Brien.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT Mrs. Catherine O'Hara. (ADDRESS) 3834 Waco Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nat. Cemetery DATE March 1, 1939

19. FUNERAL DIRECTOR (NAME) Jefferson Barracks Co. Geo. L. Pleitsch Inc. (ADDRESS) 5966-68 Easton Ave.

20. FILED 1939 FEB 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1939, to FEB 26, 1939  
I last saw him alive on FEB 25, 1939. Death is said to have occurred on the date stated above, at 5:30 a. m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis with  
arteriosclerosis  
angina pectoris

Other contributory causes of importance: 942

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
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? Yes  
If so, specify  
(Signed) [Signature] M. D.  
22067 (Address)

*Dr. J. H. Hinkle*  
*2206 Herbert St.*  
*1 to 2:30 P.M.*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3454

David C. Gibson

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**