

3-40  
7-39  
X23159

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital #1, 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo. 10 Days  
(Specify whether years, months or days) 59 years

3. (a) PRINT FULL NAME Bert Brennan

3. (b) If veteran, name war no 3. (c) Social Security No. 492-10-625

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Helen Brennan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 24 1881  
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Universal Roofing Co.

12. Name Bernard Brennan

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Smith

15. Birthplace Georgia  
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Dewey  
(b) Address 4933 Permon

17. (a) Burial (b) Date thereof 9 Jan 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Walter Ford  
(b) Address 4917 St. Louis Ave

19. (a) SEP 21 1940 (b) J. F. Brudick  
(Date of issue of certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County 16  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4033 Chippewa  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20,  
5 year 1940 hour 2:40 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from August 20, 1940 to September 20, 1940;  
that I last saw him alive on September 20, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis Duration year

Due to antemortem hypertension year year

Due to Asx Other conditions Senile Psychosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1

23. Signature Walter Ford (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Ave. Date signed 9/20/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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, or by.....

....., Registered Apprentice No. ....

..... working under my personal supervision.

Signed.....

Licensed Embalmer No. *3941*

P. O. Address *4212 St. Louis St*

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

**If this body is not embalmed, fact should be so stated above.**