

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15918

State File No. ....

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 906

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Facility 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution since 4/28/41.  
(Specify whether  
In this community LIFE  
years, months or days)

3. (a) PRINT FULL NAME Thomas Leo Brennan

3. (b) If veteran, name war World 3. (c) Social Security 487-14-0477

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dorothy 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased August 1, 1890  
(Month) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>50</u> | <u>8</u> | <u>26</u> | hr. min.             |

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

10. Usual occupation Business Agent

11. Industry or business Bartenders' Union

MOTHER FATHER { 12. Name John Brennan

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Cahill

15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Fac.,

(b) Address Jefferson Barracks, Mo.

17. (a) BURIAL (b) Date thereof 5-1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Callan - Kelly

(b) Address 1414 N. Taylor

19. (a) APR 29 1941 (b) W.R. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 4658 Natural Bridge  
(If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1941 hour 10:50 minute pm M.

21. I hereby certify that I attended the deceased from April 28  
1941 to April 27 1941;  
that I last saw him alive on April 27 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arterio-sclerotic heart disease, Coronary occlusion and myocardial insufficiency Duration Unknown

Due to.....

Due to.....

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy None

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? at work (Specify type of place) Means of injury fall

23. Signature C.W. HUGHES, M.D. (M. D. or other) M.D.

Address Vet. Adm. Fac., Jeff. Bkcs., Mo. Date signed.....

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

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**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: *Clement McNeary*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

**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, fact should be so stated above.**