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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG - 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23083

Registration District No. 701 Primary Registration District No. 1003 Registrar's No. 5435

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FIRMIN DESLOGE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 169
(If outside city or town limits, write "RURAL")

(d) Street No. 3424 McKEAN.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH V. BRESNAHAN,

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, ~~widowed, married,~~ ~~divorced~~ SINGLE 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased OCTOBER (Month) 13 (Day) 1886 (Year)

8. AGE: Years 54 Months 8 Days 17 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation SLATE ROOFER

11. Industry or business

FATHER
12. Name PATRICK BRESNAHAN
13. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JULIA SULLIVAN
15. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Julia Kelleher
(b) Address 3424 McKean

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 3 1941 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av.

19. (a) JUL 1 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 30
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-26-41, 19 to 6-30-41, 19;
that I last saw him alive on 6-30-41, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death massive gastric hemorrhage

Due to (a perforating peptic ulcer) (a posterior surface of first)

Due to portion of duodenum

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same

Duration

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

23. Signature Louis T. Moore (M. D. or other) P
Address Desloge Hosp Date signed 6-30-41

(Licensed Embalmer's Statement on Reverse Side)

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: Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3135 Lafayette ave

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

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