No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33210

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 8165

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

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: 4036 No. 25 Str
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4036 No. 25 Str
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARTIN DAVID BRENNAN

3. (b) If veteran, name war

3. (c) Social Security No. 489-07-0232

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Isabelle Petersen

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 1 1888 (Month) (Day) (Year)

8. AGE: Years 53 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Bonne Terre, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Meat Packing House

11. Industry or business Independent Packing Co.

FATHER
12. Name David Brennan
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Bergen
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Isabelle Brennan
(b) Address 4036 No. 25 Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/41 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 E. Grand Blvd.

19. (a) OCT 14 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12 year 1941 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 11, 1941, to Oct 12, 1941; that I last saw him alive on Oct 12, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	2-24-41
Due to: Arteriosclerosis	2-24-41
Due to: Diabetes	2-24-40
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R Emmett Byrnes (M. D. or other) M.D.
Address 3802 N. Grand Blvd. Date signed 10-17-41

(Licensed Embalmer's Statement on Reverse Side)

R. Emmet Byrnes
Fr. 0983
3804 No Grd.
12-2

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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

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