DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43020

DEC 31 1941

Registration District No. 784 — Primary Registration District No. 111 — Registrar's No. 2590

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community Fifty one Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maplewood (If outside city or town limits, write "RURAL")

(d) Street No. 7812 Wise Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Brennan

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Julia Barry Brennan

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan. 18, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	11	02	hr. min.

9. Birthplace Indianapolis (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John Brennan
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bridget Cusick
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Julia Brennan

(b) Address 7812 Wise Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thomas J. Finan & Son

(b) Address 1519 S. Grand Blvd

19. (a) DEC 21 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1941 hour 12 minute 05 p M.

21. I hereby certify that I attended the deceased from Dec 2nd, 1941, to Dec 20th, 1941 that I last saw him alive on Dec 20th, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	24 hrs
Due to: Arthur Sclerosis / Parkinsons Disease	Chronic?
Due to: Chr. Cardio Vascular	Chronic?
Other conditions (Include pregnancy within 3 months of death): Fracture neck of femur	18 days

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)~~ accident

(b) Date of occurrence Dec 2nd 1941 129

(c) Where did injury occur? Richmond Hts Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Slipped on floor at home. (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature [signature] (M. D. or other) [signature]

Address 2816 Sutton Ave Date signed Dec 20/41

(Licensed Embalmer's Statement on Reverse Side) Maplewood Mo

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

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.

Rev. 5-17-39 I X19511

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 John Kettler

Licensed Embalmer No. 3880

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.