

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1942 91

Registration District No. 791

Primary Registration District No. 100

Registrar's No.

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:
6061 Tholozan Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6061 Tholozan Ave**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **12th**.
year **1942** hour **12:40** **PM** M.

21. I hereby certify that I attended the deceased from **Dec 20** 19**41** to **January 12** 19**42**
that I last saw him alive on **Jan 12** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death
Adeno Carcinoma

Due to **(Right Testicle)**

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation **Adeno Carcinoma (R. Testicle)**
Of autopsy

Duration
6 mo
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? **✓**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place)
(b) Means of injury

23. Signature **J. F. Brudeck** (M. D. or other)
Address **1537 Grand Ave** Date signed

3. (a) PRINT FULL NAME **Thomas Melvin Brennan**

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Aileen**
6. (c) Age of husband or wife if alive **23** years

7. Birth date of deceased **Dec 27th 1915**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 **15** hr. min.

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

10. Usual occupation **Paper Handler**

11. Industry or business **St. Louis Star-Times**

12. Name **Patrick Brennan**

13. Birthplace **Mo** **0**
(City, town, or county) (State or foreign country)

14. Maiden name **Edna Sanders**

15. Birthplace **Mo** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Edna Brennan**
(b) Address **6061 Tholozan Ave**

17. (a) **Burial** (b) Date thereof **1/15/42**
(Burial, cremation, or reposit) (Month) (Day) (Year)

(c) Place: burial or cremation **Hannigan & Sheahan Und Co**

18. (a) Signature of funeral director **4415 Washington Blvd**

(b) Address

19. (a) **1/15/42** (b) **J. F. Brudeck**
(Date received local resolution) (Registrar's signature)

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

MOTHER FATHER

P

*Dr. Urban
1537 - Grand
1-3*

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.....

Homer W. Fritz

Licensed Embalmer No!.....

3882

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, fact should be so stated above.