

FILED MAR 24 1942

791

Primary Registration District No.

1003

State File No.

Registrar's No.

1886

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 a hospital or institution, give street number or location)  
**Con. Royal City Hosp #11**  
(Specify whether  
In this community..... **10 Yrs**  
years, months or days)

3. (a) PRINT FULL NAME..... **Patrick A Brennan**

3. (b) If veteran, name war..... **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife..... **Edna** 6. (c) Age of husband or wife if alive..... **56** years

7. Birth date of deceased..... **Mar 29th. 1902**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>09</b>	<b>11</b>	<b>31</b>	hr. min.

9. Birthplace..... **MO** (City, town, or county) (State or foreign country)

10. Usual occupation..... **Police Officer**

11. Industry or business..... **St. Louis Police Dept**

MOTHER FATHER

12. Name..... **Michael Brennan**

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

14. Maiden name..... **Catherine Kunin**

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

16. (a) Informant..... **Mrs Edna Brennan**

(b) Address..... **6061 Tholozan**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3/3/42** (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemt**

18. (a) Signature of funeral home..... **Harrigan & Sheahan Und Co**

(b) Address..... **4415 Washington Blvd**

19. (a) **MAR 1 1942** (Date received local registrar) (b) **J. P. Proctor** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO** (b) County.....  
(c) City or town..... **S. Louis** (If rural, give location)  
(d) Street No **6061 Tholozan Ave**  
(e) Citizen of foreign country..... **No** (Yes or No)  
**No Attorney Physician**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Feb 27th**  
year..... **1942** hour..... **11** minute..... **00** P.M.

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

Immediate cause of death.....  
**Arteriosclerosis - Coronary**  
**Sclerosis - Ruptured Infarct**  
Due to.....  
**(Myocardium)**

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

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?

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

23. Signature..... **James J. Silvers** (M. D. or other).....  
Address..... **Carroll** Date signed **3-1-42**

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

74

---

---

**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.**