

S. No. 2  
 DM-5-42  
 5-17-39  
 I. 1312573

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

11335

State File No. \_\_\_\_\_

APR 15 1943

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 702

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

96  
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1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Res: - 7162 Cambridge Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town University City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. #7162 Cambridge Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH PLUNKET 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 Lucille S. Brennan 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased March 22nd, 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>0</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace Nashville, Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired, Credit man of Commercial Appeal Newspaper  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Thomas Brennan

13. Birthplace Nashville, Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Plunket

15. Birthplace Franklin, Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lucille S. Brennan  
 (b) Address 7162 Cambridge Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director C.R. Linton & Sons  
 (b) Address #7253 Delmer Bly'd.

19. (a) 3-23-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd, year 1943, hour 12:30 minute P. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

that I last saw him alive dying 3-22-43 12:15 PM and that death occurred on the date and hour stated above.  
 Immediate cause of death Cardiac Failure Duration \_\_\_\_\_

Due to Thrombosis of the Hypocorditis

Due to \_\_\_\_\_

Other conditions History of Gall Bladder disease  
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy none 931  
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) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. \_\_\_\_\_)  
 Address 7091 Princeton St. Louis Date signed 3/22/43

1/27/11 Preliminary

Dr Northrup  
#740 So. 4th St.  
After 10:30 A.M.

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.....

*Paul Pennington*, Registered Apprentice No. 351  
working under my personal supervision.

Signed *Clarence A. Murray*.....

Licensed Embalmer No. 4011.....

P. O. Address. St. Louis, Mo.....

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.