S. No. 2
M—8-43
Y. 5-17-39
D I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35193

Primary Registration District No. 3068

Registrar's No. 2095

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Maplewood, Mo., (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maplewood Nursing Home. (If not in hospital or institution, write street number or location) 2200 Bredle Ave.

(d) Length of stay: In hospital or institution? 4 weeks. (Specify whether years, months or days)

In this community

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. 6255 Clemens Ave., (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ANNIE BRENNAN.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Female.

5. Color or race White.

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

6. (b) Name of husband or wife Peter J. Brennan.

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

7. Birth date of deceased October (Month) 15, (Day) 1850. (Year)

8. AGE: Years 93. Months 11. Days 28. If less than one day hr. min.

9. Birthplace Randolph County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER 12. Name John Myers.

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

MOTHER 14. Maiden name Mary Haley.

15. Birthplace Randolph Co., (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Oval C. McCanne.

(b) Address 6255 Enright Ave.,

17. (a) burial. (Burial, cremation, or removal) (b) Date thereof 10/16/44, (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address #7233 Delmar Blvd.,

19. (a) (Date received by Registrar) OCT 16 1944 (b) E. L. McGaughan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th, year 1944. hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept 11, 1944, to Oct 13, 1944 that I last saw her alive on Oct 12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Cha	unknown
Due to arteriosclerosis Senile	not known
Due to 93	
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 Robert Warren (M. D. or other) M.D.

Address Fine Brampbell Date signed 10/14/44

707 (Licensed Embalmer's Statement on Reverse Side) St Louis Mo

Dr Robert G. Warner.
Paul Brown Bld'g.,
CH: 4747.
Res: 5017 Donovan Ave.,
FL: 1213.
10 to 3 P.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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, M

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.