

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

FILED JAN 21 1946  
318

Primary Registration District No. 1003

Registrar's No. 81

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
5401 Nagel Ave. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 2-17  
(If outside city or town limits, write "RURAL")

(d) Street No. 5401 Nagel Ave.  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John P. Bresnahan

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

4. Sex M.O 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 7

6. (b) Name of husband or wife Catherine Bresnahan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 25, 1859  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd., year 1946 hour 7 minute 30 am M.

21. I hereby certify that I attended the deceased from May 1, 1946, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on that date, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>6</u>	<u>8</u>	hr. _____ min.

Immediate cause of death chronic myocarditis Duration 10 yrs.

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

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

Other conditions Prostatitis 7 yrs.  
(Include pregnancy within 3 months of death)

9. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Printer

11. Industry or business Loose Leaf Printing Co.

12. Name John Bresnahan

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. John Bresnahan

(b) Address 5401 Nagel Ave.

17. (a) Burial (b) Date thereof 1-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cathary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JAN 4 1946 (b) J. B. Bredek  
(Date received local registrar) (Registrar's signature)

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 O. O. Mager (M. D. 1)  
Address 6029 So. Kings Highway Date signed 1/3/46

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

2324

Dr. Oscar D. Meyer  
6029 S. Kingshighway Blvd.

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**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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

**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.**