

No. 2
1-5-43
5-17-39
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FILED DEC 2 1946
Registration District No. 367

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1326 Highland Terrace
(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)

3. (a) PRINT FULL NAME Mary Agnes Brennan,

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 30 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business _____

12. Name John J. Brennan

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

14. Maiden name Mary Waters
(City, town, or county) (State or foreign country)

15. Birthplace Vicksburg Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Brennan,

(b) Address 1326 Highland Terrace.

17. (a) Burial (b) Date thereof 11-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway Blvd

19. (a) 11-26-46 (b) Ante J. Miller M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 1326 Highland Terrace
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1946 hour 2 minute 30 a.m.

21. I hereby certify that I attended the deceased from Oct 23 1946 to Nov 24 1946
that I last saw her alive on Nov 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma Duration _____

Due to 46 B

Due to _____

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? _____

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

23. Signature W H White (M. D. or other) MD
Address 3320 N. Kingshighway Date signed 11-25-46

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

Fred Frick

Licensed Embalmer No.....3186.....

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.