

S. No. 2
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5-17-39
P I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10592**
Registrar's No. **2783**

Registration District No. **318** Primary Registration District No. **1003**

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: DePaul Hospital
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5033 Northland Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen Brennan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 14th. 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 13
year 1947 hour 4:45 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from Mar 3 1947 to Mar 13 1947
that I last saw her alive on Mar 13 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
 75 8 12 hr. _____ min.

Immediate cause of death: Chronic myocarditis
arteriosclerosis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
MOTHER FATHER { 12. Name Bernard O'Farrell
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Margaret
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Loretta Smith
(b) Address 5033 Northland Ave.
17. (a) Burial (b) Date thereof 3/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Sullivan Funeral Dir
(b) Address 2849 N. Euclid Ave.
19. (a) Apr 16 1947 (b) J. R. Braddock
(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 W. J. White (M. D. or other) _____
Address 5033 Northland Ave Date signed 3-14-47

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

6000
17
9
10

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. W. H. White
Kings. & Merritt

Mail

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 *Robert L. Brinkman*
Licensed Embalmer No. 3553

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.