

FILED NOV 28 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39473  
10621  
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1034 Morrison 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 Mo. (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1034 Morrison Ave.  
22 (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MARY A. BRENNAN

3. (b) If veteran, name war None  
3. (c) Social Security No.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife Late James M.  
6. (c) Age of husband or wife if alive years 17 1864  
7. Birth date of deceased Mar. 17 1864  
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 0  
If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER } 12. Name Michael Dwyer  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Brennan  
(b) Address 1034 Morrison Ave.  
17. (a) Burial (b) Date thereof 11-21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.  
(b) Address 4228 So. Kingshighway Bl.

19. (a) Date received local registrar NOV 19 1947 (b) J. F. Brennan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17  
year 1947 hour 10:20 minute P.M.

21. I hereby certify that I attended the deceased from Oct 27 1947 to Nov. 17 1947  
that I last saw her alive on Nov. 17 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carotid Collapse  
Due to: Cerebral thrombosis  
Family

Duration 2 days  
1 week

Other conditions: 84  
(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) (e) Means of injury

23. Signature [Signature] (M. D. or other)  
Address 2621 1/2 Jefferson Date signed 11/18/47

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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 Richard W. Stovesand  
Licensed Embalmer No. 4007  
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.**