No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42877

Registrar's No. 11696

1. PLACE OF DEATH:
(a) County
(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: 6438 Lloyd Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 6438 Lloyd Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MARY BRESNAHAN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased: April 16th (Month) (Day) 1902 (Year)

8. AGE: Years 45 | Months 8 | Days 6 | If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Dennis Murphy
13. Birthplace: Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Carroll
15. Birthplace: Ireland (City, town, or county) (State or foreign country)

16. (a) Informant: Timothy J. Bresnahan
(b) Address: 6438 Lloyd Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cem.

18. (a) Signature of funeral director: Sullivan Funeral Dir.
(b) Address: 2849 N. Euclid Ave.

19. (a) DEC 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd. year 1947 hour 11 minute 40 AM

21. I hereby certify that I attended the deceased from May 15, 1946, to Dec. 17, 1947, that I last saw her alive on Dec 17th, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of breast	2
Due to: Metastasis to the spine and pelvis	2
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

50

PHYSICIAN — Underline the cause of 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: Dr Robert Polashnick M.D. (M.D. or other)
Address: Missouri Theatre Bld. Date signed 12/23/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Patashnick
Mo. Thear. Bldg.
ne. 9695

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.