

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

6104
State File No. _____
1858
Registrar's No. _____

FILED MAR 4 1948 818
Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
888 Elias 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 Missouri (b) County 0-20
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 888 Elias Ave 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Brennan
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 22nd
year 1948 hour 7:00 P.M. minute _____ M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife John Brennan
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sept. 21, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 1947 to Feb. 22, 1948
that I last saw h. er alive on Feb. 22, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 5 Days 1
If less than one day _____ hr. _____ min.

Immediate cause of death Generalized Arterio Sclerosis
Duration 10 yrs.

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
12. Name Patrick O'Doran
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Cavanaugh
15. Birthplace Brooklyn N.Y.
(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 Mrs Thomas J. Howett
(b) Address 888 Elias Ave

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? _____

17. (a) Burial (b) Date thereof 2/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Illinois

18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave

19. (a) FEB 24 1948 J. P. Bredek
(Date received by Registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature John J. Brown (M. D. or other) _____
Address 1009 Broadway Date signed 2/23/48

1858

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 William H. Buchholz.

Licensed Embalmer No. 2110 0

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.