

No. 2  
M-5-43  
5-17-39  
X36871

FILED OCT 23 1948 **318**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Res: 4751 Bonita 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 Mad

(c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 4751 Bonita Ave., 9  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRIETTA BRENNAN.

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

4. Sex Female. / 5. Color or race White.

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

6. (b) Name of husband or wife James L. Brennan. 6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased December 14, 1867.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80. 10. 2 hr. min.

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

10. Usual occupation At Home.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Henry Phillips.

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

14. Maiden name Nancy Casey.

15. Birthplace Mt. Vernon, Illinois.  
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde P. Evans.

(b) Address 3825 Lafayette Ave.,

17. (a) Removal. (b) Date thereof 10/18/48.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon, Ill.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Blvd.

19. (a) OCT 18 1948 (b) J. B. Lasater  
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th,  
year 1948. hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from 2-18-47  
\_\_\_\_\_ 19\_\_\_\_ to 10-16-48 19\_\_\_\_  
that I last saw her alive on 10-16-48 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Andrew H. Klein (M. D. or other) M.D.

Address 4632 So Grand. Date signed 10-16-48

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

9668

Dr Andrew G. Klein,  
4632 So. Grand Bl'vd.,  
Lo: 9220.

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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.....

*Arnold W. Schoene*

Licensed Embalmer No.....

*3864*

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.