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K36671

FILED OCT 23 1948

State File No. ....

Registration District No. 397

Primary Registration District No. 2002

Registrar's No. 2007

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6603 Bartmer  
(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)

3. (a) PRINT FULL NAME Michael Bresnahan

3. (b) If veteran, name war NO

3. (c) Social Security No. 489-09-492A

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Catherine Carmody

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January 6 1882  
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 2 If less than one day  
hr. min.

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

10. Usual occupation Plumber

11. Industry or business

12. Name Hugh Bresnahan

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

14. Maiden name Julia Sullivan

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

16. (a) Informant Hugh Bresnahan

(b) Address 6603 Bartmer

17. (a) Burial (b) Date thereof Oct. 11 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave

19. (a) 10-9-48 (b) Paul A. Z. Sharp, MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City  
(If outside city or town limits, write "RURAL")

(d) Street No. 6603 Bartmer  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8  
year 1948 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Oct 4 1948 to Oct 10 1948  
that I last saw him alive on 10/10/48 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular disease

Due to Similar

Due to 93 d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) (Means of injury)

23. Signature Joseph Kelly (M. D. or other).....

Address 10/11/48 Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

K O O K

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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.....

*Anthony Bonn*

Registered Apprentice No. *102*

working under my personal supervision.

Signed *Alfred J. Boelcher*

Licensed Embalmer No.....

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.**