

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003 State File No. 28080

318

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 2681

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Mo.</b>		c. LENGTH OF STAY (In this place) <b>2109</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4009 Camelia Ave</b>		d. STREET ADDRESS (If rural, give location) <b>4009 Camelia Ave</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b> b. (Middle) <b>I</b> c. (Last) <b>Bresnahan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 26 51</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Nov 10 1886</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St Louis Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Patrick Mc Cormick</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Mc Gowan</b>	14. NAME OF HUSBAND OR WIFE <b>John Bresnahan</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Bresnahan</b>	ADDRESS <b>4009 Camelia Ave</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo</b>  <b>10 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>422.1</b>
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22. I hereby certify that I attended the deceased from **Aug 25, 1951**, to **Aug 26, 1951**, that I last saw the deceased alive on **Aug 26, 1951**, and that death occurred at **3 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>N.J. Horick M.D.</b>	23b. ADDRESS <b>8902 Riverview Blvd St. Louis 1</b>	23c. DATE SIGNED <b>8-27-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Aug 30 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Gemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>
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DATE RECEIVED BY LOCAL HEALTH DEPT. <b>AUG 29 1951</b>	REGISTRAR'S SIGNATURE <b>J. Cal Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stroot-Carroll</b>	ADDRESS <b>4600 Nat Bridge Ave</b>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

Don Harmon  
2989  
Government  
1702  
H. J. ...

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed..... *Albert Mayfield*

Licensed Embalmer No. *3077*

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.