

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32944**  
**8187**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY OR TOWN <b>ST. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>ST. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PARK LANE Hos</b>		e. STREET ADDRESS (If rural, give location) <b>4063 Wyoming St.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
<b>WILLIAM BRENNAN</b>			<b>AUG-23-53</b>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <b>M. O</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>AUG-12-1908</b>	9. AGE (In years last birthday) <b>45 YRS.</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	---------------------------	---	-------------------------------------	--	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>STORM WINDOWS</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. Louis Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	---	--

13a. FATHER'S NAME <b>GEORGE BRENNAN</b>	13b. MOTHER'S MAIDEN NAME <b>ANNA FOGARTY</b>	14. NAME OF HUSBAND OR WIFE <b>VIRGINIA BRENNAN</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>George Brennan</b>	18. ADDRESS <b>5509 Devonshire</b>
--	-------------------------	---	------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial Infarction</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 checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>
---	--	--

22. I hereby certify that I attended the deceased from **8:20** 19**53**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>Patrick E. Taylor Coroner</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>8.24.53</b>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG-26-53</b>	24c. NAME OF CEMETERY OR CREMATORIUM <b>CALVARY Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
--	----------------------------	--	--

DATE REC'D BY LOCAL REG. <b>AUG 24 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schuur</b>	ADDRESS <b>3125 Lafayette Ave.</b>
---	--	--	------------------------------------

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

---

---

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Joseph D. Palmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.