

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2614

FILED FEB 2 1954

318

1003

State File No.

0768

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 ym</u>		c. CITY OR TOWN <u>Pacific</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>5900 So. Kingshighway</u>				e. STREET ADDRESS (If rural, give location) <u>RFD #1</u> <u>0360</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SARAH</u>		b. (Middle) <u>A.</u>		c. (Last) <u>BRENNAN</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>23</u>		(Year) <u>1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 20, 1862</u>	
9. AGE (in years last birthday) <u>91</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George McNamee</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Traynor</u>		14. NAME OF HUSBAND, OR, WIFE <u>James J. Brennan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Brennan Pacific Mo. RFD #1</u>			
18. CAUSE OF DEATH Enter only one cause; line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Left Ventricular Failure</u> DUE TO (c) <u>Pulmonary Edema</u> <u>Generalized Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR? <u>4500</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>53</u> , to <u>Jan</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1/22</u> , 19 <u>54</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John A. Reineck M.D.</u>				23b. ADDRESS <u>2301 So. Kingshighway</u>		23c. DATE SIGNED <u>1/24/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 26, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rock Church Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pacific, Mo. Jefferson Co.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 25 1954</u>		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. L. Thibodeau Pacific, Mo.</u>			

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

APR 30 1961

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 *Jno L. Thies*

Licensed Embalmer No. *300*

P. O. Address *Pacific*

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.