

FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41499

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5594</u>		Registrar's No. <u>104</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - MERAMEC</u>		c. LENGTH OF STAY (in this place) <u>2 Yr. 10 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>U. CITY</u>		4356	
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hill Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>1112 PARKEDGE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>W.M.</u>		b. (Middle) <u>N.</u>		c. (Last) <u>BRENNAN</u>	
4. DATE OF DEATH		(Month) <u>DECEMBER</u>		(Day) <u>13</u>		(Year) <u>1954</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>2 MAY 30 1873</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>POLICEMAN</u>		11. BIRTHPLACE (State or foreign country) <u>ALBANY, NEW YORK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EDW. J. BRENNAN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH SEENAN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bro. Robt. St. Joseph's Hill Curate, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*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) <u>CORONARY OCCLUSION</u>					
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>ANGINAL SYNDROME</u>					
		DUE TO (c) <u>HYPERTENSIVE SCLEROSIS</u>					
		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"/>	
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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/4</u> , 1952, to <u>12/13</u> , 1954, that I last saw the deceased alive on <u>12/13</u> , 1954, and that death occurred at <u>11:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Mander, M.D.</u> (Degree or title)				23b. ADDRESS <u>NORMAND</u> <u>4323 ROLAND DR.</u>		23c. DATE SIGNED <u>21 Mo 12/13/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/25/54</u>		REGISTRAR'S SIGNATURE <u>Ruth Dixon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. T. Stuart &amp; Sons</u>		ADDRESS <u>1225 Union St. St. Louis, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 28 1954

FEB 2 1955

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 *Melvin L. Kasper*

Licensed Embalmer No. *403-2*

P. O. Address *3505 Oakdale*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

*St. Louis 20, mo*