No. 300
10.48

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43455

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11697

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 16 3834 Gravois Avenue 2169 0

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): WALTER
c. (Last): BRENNAN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22 1954

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0

8. DATE OF BIRTH: Dec.28,1927

9. AGE (In years last birthday): 26 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Paramount Mfg.Co.

11. BIRTHPLACE (City and State or Foreign Country): St.Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Walter R. Brennan

13b. MOTHER'S MAIDEN NAME: Hazel Schira

14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 251-44-9711

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mr.Walter R. Brennan, 3834 Gravois Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (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 ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 2040

22. *I hereby certify that I attended the deceased from* 12-1-54, *19*____, *to* 12-22-54, *19*____, *that I last saw the deceased alive on* 12-22-54, *19*____, *and that death occurred at* 12:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE Otto Simpson (Degree or title) M.D.

23b. ADDRESS: 3739 Gravois, St.Louis, Mo. (16)

23c. DATE SIGNED: 12-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12-24-54

24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park

24d. LOCATION (City, town, or county) (State): St.Louis County, Missouri

DATE REC'D BY LOCAL REG.: DEC 23 1954

REGISTRAR'S SIGNATURE: J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: BEIDERWIEDEN F.H.INC., 1936 St.Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Eber Simpson,
Spring & Gravois
Phone PR2-4088
Hours 5:30-7:30

Leave today sure - No hours on Thursday - Dr. will be out of town until January 5,1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No. No

working under my personal supervision.

Student None
Signature of Student Embalmer

Signed Felix J. Krispin

Licensed Embalmer No. 34

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.