

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2370**
0852

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 **MISSOURI** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST LOUIS**

c. CITY OR TOWN **ST LOUIS,**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **5942 a WABADA AVE /**

STREET ADDRESS (If rural, give location)
5942 a WABADA AVE

3. NAME OF DECEASED
a. (First) **MARY** b. (Middle) **A.** c. (Last) **BREHENY**

4. DATE OF DEATH **JAN, 28, 1955**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOW**

8. DATE OF BIRTH **11/9/ 1877**

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **IRELAND**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **PATRICK FINN**

13b. MOTHER'S MAIDEN NAME **MARY GRULEY**

14. NAME OF HUSBAND OR WIFE **PATRICK BREHENY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) **NO**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
BURT BREHENY 5942 a WABADA AVE

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-Sclerotic Cardiovascular Disease
INTERVAL BETWEEN ONSET AND DEATH **5 years**
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Disease**
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? **4221**

22. I hereby certify that I attended the deceased from **Jan 19, 1954**, to **Jan 28, 1955**, that I last saw the deceased alive on **Jan 27, 1955**, and that death occurred at **6:41** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Albert J. Matelino**

23b. ADDRESS **2739 No Grand Bl** 23c. DATE SIGNED **JAN 29 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **1/31/55**

24c. NAME OF CEMETERY OR CREMATORY **CALVARY CEMETERY**

24d. LOCATION (City, town, or county) (State) **ST LOUIS MISSOURI**

DATE REC'D BY LOCAL REG. **JAN 29 1955** REGISTRAR'S SIGNATURE **J. Earl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **STROOT - CARROLL 4600 NATURAL BRIDGE AVE**

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

*Real
Demetrius
L. ...*

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 *M W Rueter*.....

Licensed Embalmer No. *486*
P. O. Address *St Louis*

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.