

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3812

FILED APR 27 1961

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>			c. CITY OR TOWN <u>Herculaneum</u>		
Length of stay in lb <u>2 weeks</u>			d. STREET ADDRESS (If outside, give location) <u>Main & School Sts.</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sutherland Hospital</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Victor</u> Middle <u>Raymond</u> Last <u>Brennan</u>			4. DATE OF DEATH Month <u>Apr.</u> Day <u>19</u> Year <u>1961</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>2-21-1906</u>		9. AGE (last birthday) <u>55</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joe Lead Co.</u>		
11. BIRTHPLACE (City and state or country) <u>Herculaneum, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Zoeth Andrew Brennan</u>			13b. MOTHER'S MAIDEN NAME <u>Lulu Trudo</u>		14. NAME OF HUSBAND OR WIFE <u>Loretta Hammon</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			17. INFORMANT Address <u>Mrs. Loretta H. Brennan, Herculaneum, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Melanotic epidermoid carcinoma</u> DUE TO (b) <u>naso-pharynx</u> DUE TO (c) <u>146x</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>9 mo</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>11/2/60</u> to <u>4/19/61</u> and last saw ^{her} him alive on <u>4/19/61</u> Death occurred at <u>5:10 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Edward W. Czabunski M.D.</u>			22b. ADDRESS <u>3701 Grandel Sq. St. Louis, Mo.</u>		22c. DATE SIGNED <u>4/20/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Apr. 22, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Herculaneum Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Herculaneum, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Vinyard Fun'l Homes, Inc., Festus, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>APR 21 1961</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS MAR 12 1962

MS MAR 21 1962

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 Keith B. Vinson

Licensed Embalmer No. 4976

P. O. Address Festus, Mo.

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.