

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11820-62-048198

STATE FILE NUMBER

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

FILED DEC 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2	2178
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u> 530 N. Union	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>530 N. Union</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Emma O. Brennan</u>		4. DATE OF DEATH Month Day Year <u>December 10, 1962</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/21/1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>80</u>
11a. FATHER'S NAME <u>Fred Walter</u>		11b. MOTHER'S MAIDEN NAME <u>Emma Bang</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		12b. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis, Pt. Coronary</u>		14. NAME OF HUSBAND OR WIFE <u>J. Wallace Brennan</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		15. INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>	
DUE TO (b)		16. SOCIAL SECURITY NO.	
DUE TO (c) <u>4201H</u>		17. INFORMANT <u>Mrs. Estelle Heiter, Ogden, Utah</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Epidermoid Cancer of bladder</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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. _____	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>9-19-62</u> to <u>12-10-62</u> and last saw her alive on <u>12-9-62</u> Death occurred at <u>5 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kenneth C. Free MD</u>		22b. ADDRESS <u>52 Maryland ave</u>	
22c. DATE SIGNED <u>12/10/62</u>		23. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	
23a. BURIAL, CREMATION, REMOVAL (specify) <u>Cremation</u>		23b. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
24. FUNERAL DIRECTOR <u>Lupton Chapel, 7233 Delmar Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 10 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Neal Smith, M.D.</u>			

Dr. Kenneth Price
52 Maryland Plaza
2-4 P.M.

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

No Embalming
Signed *Robert C. Dellmeyer*

Licensed Embalmer No. _____

P. O. Address _____

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.