

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9942

PLACE OF DEATH  
County St Louis  
Township Carondelet  
OR  
Village Koch, Mo  
OR  
City \_\_\_\_\_ (NO. Robt Koch Hospital St.: \_\_\_\_\_ Ward)

Registration District No. 1123 File No. \_\_\_\_\_  
Primary Registration District No. 6248B Registered No. 148

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME John Brennan

PERSONAL AND STATISTICAL PARTICULARS		
SEX <b>Male</b>	COLOR OR RACE <b>White</b>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <b>Single</b>
DATE OF BIRTH <u>September 15, 1863</u> (Month) (Day) (Year)		
AGE <u>50 yrs. 6 mos. 9 ds.</u>		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Sausage Filler</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Butcher Shop</u>		
BIRTHPLACE (City or town, State or foreign country) <u>St Louis, Mo</u>		
PARENTS	NAME OF FATHER <u>John Brennan</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ireland</u>	
	MAIDEN NAME OF MOTHER <u>Henrietta Sumter</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ireland</u>	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>March 24, 1914</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>March 8th, 1914</u> , to <u>March 24, 1914</u> , that I last saw him alive on <u>March 24, 1914</u> , and that death occurred, on the date stated above, at <u>6.50 p.m.</u> The CAUSE OF DEATH* was as follows: <u>P.M.</u>	
<u>P.A. Pulmonary Tuberculosis</u>	
(Duration) <u>1 yrs. 1 mos. 16 ds.</u>	
Contributory _____ (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
(Signed) <u>M. J. Dwyer</u> M. D. <u>Mar 24, 1914</u> (Address) <u>Koch, Mo</u>	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. <u>16 ds.</u> In the State <u>50 yrs. 6 mos. 9 ds.</u>	
Where was disease contracted if not at place of death? <u>St Louis, Mo</u>	
Former or usual residence <u>4529 Arco Ave St Louis, Mo.</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Koch Hospital Records  
(ADDRESS) Koch, Mo

PLACE OF BURIAL OR REMOVAL <u>Anatomical Board</u>	DATE OF BURIAL <u>3-31, 1914</u>
UNDERTAKER <u>Bryson Bros.</u>	ADDRESS <u>St. Louis</u>

Filed Mich 25 1914 L. Q. Brock  
REGISTRAR