

REC'D MAR 4 1938

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

4823

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **St. Louis Hosp** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1468**

2. PRINT FULL NAME

Bertha E. Pendergast **536**
(a) Residence, No. **375 No Price Rd, Ladue Mo** St. **Mo** **Ladue Mo**
(Usual place of abode, if no street address, write county or city) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Pendergast		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1867		
7. AGE 70	YEARS 5	MONTHS 11
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife		9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri		
FATHER	13. NAME Herman Dorber	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Mary Westerman	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT Richard Pendergast (ADDRESS) 375 No Price Rd, Ladue Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb 10, 1938		
19. FUNERAL DIRECTOR John P. Cookins (ADDRESS) 978 No Price Rd		
20. FILED FEB 9 1938 J. B. [Signature]		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 19 38
22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 , 19 37 , to Feb. 7 , 19 38 I last saw him alive on Feb. 7 , 19 38 Death is said to have occurred on the date stated above, at 10:15 a.m. The principal cause of death and related causes of importance were as follows: Carcinoma of Large Intestine July 1937 Other contributory causes of importance: General Arterio Sclerosis
Name of operation Colostomy Date of 2/2/38 What test confirmed diagnosis? Operate Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____ Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no Also, specify _____ (Signed) Hiram L. Higgett , M. D. (Address) 3720 Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Guy W. Wilkinson
Licensed Embalmer No. 3575

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.)