

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.

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

13084
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City ST. LOUIS (d) Street No. 5043 WELLS AVE. 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. da.

Registered No. **3426**

2. PRINT FULL NAME 536 DELIA PENDERGAST

(a) Residence, No. 5043 WELLS AVE. St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF THOMAS J. PENDERGAST

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNK. UNK. 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 UNK. UNK.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
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 MO.

FATHER 13. NAME JAMES MORAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER 15. MAIDEN NAME HANNAH LOVELLE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT (ADDRESS) MR. JAMES MORAN 4905 LOTUS AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE APR. 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) ARTHUR J. DONNELLY 3840 LINDELL BLVD.

20. FILED APR 13 1939 J. J. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR. 12, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1939 to April 11 1939
I last saw him alive on April 11 1939. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
1
IP
Other contributory causes of importance: Pericardium of L. Lung

Name of operation Date of
What test confirmed diagnosis? Lab. Was there an autopsy?

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
If so, specify
(Signed) A. J. Bouhsein M. D.
(Address) 3017 Jay Ave

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Stanley Marchlewski*

Licensed Embalmer No. *2868*

P. O. Address *3840 Kuncell*

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 this body is not embalmed, above space should be left blank.