No. 2
-2-43
17-39
X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32509

FILED OCT 9 1943

Registration District No. 1943 Primary Registration District No. 3066 Registrar's No. 2263

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1533 Andrew Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Kirkwood 096 4 3
(If outside city or town limits, write "RURAL")
(d) Street No. 401 Fairway Lane
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HUGH W. PRENDERGAST
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Colette
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased December (Month) 26 (Day) 1891 (Year)

8. AGE: Years 51 Months 9 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Contractor
11. Industry or business
FATHER
12. Name Jeff Prendergast
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Margaret McNamee
15. Birthplace East St. Louis Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Colette Prendergast
(b) Address 401 Fairway Lane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.
19. (a) OCT 7 - 1943 (Date received local registrar) (b) C. G. McGarvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5 year 1943 hour 2:40 minute P. M.
21. I hereby certify that I attended the deceased from Jan 2, 1943, to Oct 5, 1943; that I last saw him alive on Sept 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Zeroderma Pigmentosa with malignant changes (Carcinoma)
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) General Metastasis
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature George A. Carroll (M. D. or other)
Address 607 N. Grand Date signed 10/5/43

101

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—5-43
I X36930

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Oct

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 2263

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hugh W. Prendergast

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 26 (Day) 89 (Year)

8. AGE: Years 51 Months 9 Days 9 If less than one day min.

9. Birthplace (City, town, or county) MO. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 5 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Jan 2 - 1942, 19 to Oct 5, 1942; that I last saw him alive on Sept. 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Zeroderma Pigmentosum with malignant changes - impossible to state any primary

Due to site - entire face - neck - hands + arms (forearms) revealed

Other conditions numerous frank Carcinoma & intervening conditions from pigment

(Include pregnancy within 3 months of death)

Major findings:
Of operations to malignant state.

Of autopsy 53

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature George A. Carroll (M. D. or other)

Address 607 N. Grand. Date signed 10/04

32609