

FILED DEC 29 1944 318

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3453 Hawthorne Bl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3453 Hawthorne Plve.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Prendergast

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Marie 6. (c) Age of husband or wife if alive, 68 years

7. Birth date of deceased December 23 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 25 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name George P. Prendergast

13. Birthplace Indian Ocean
(City, town, or county) (State or foreign country)

14. Maiden name Mary O. Connell

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Prendergast

(b) Address 3453 Hawthorne

17. (a) Burial (b) Date thereof Dec. 20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicolson

(b) Address 1150 N. Kingshighway Blvd

19. (a) DEC 19 1944 (b) J. J. Breda
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1944 hour 8:00 minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 12 to Dec. 18 1944
and that I last saw him alive on Dec. 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction
Coronary atherosclerosis

Due to Chronic myocarditis

Due to Chronic interstitial nephritis

Due to General arterio sclerosis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. G. Thompson Date signed 12/18/44

Address 4548 Harris Cr.

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 Arnold W. Schene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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, fact should be so stated above.