No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15522

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3953

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: 226 N. Boyle
(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 Missouri (b) County 0-00

(c) City or town St. Louis 1917
(If outside city or town limits, write "RURAL")

(d) Street No. 226 N. Boyle 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Dora ~~PENDERGAST~~ Prendergast

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 15 (Day) 1864 (Year)

8. AGE: Years 82 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Cadet (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation House-wife

11. Industry or business

FATHER
12. Name Leo. T. Aubuchon
13. Birthplace Cadet (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Mary Skeele
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Frank Prendergast

(b) Address 226 N. Boyle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-47 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester

19. (a) April (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1947 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Feb. 24, 1947, to 4-12, 1947 that I last saw her alive on 4-11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Hypertension Senility

Due to

Other conditions (Include pregnancy within 3 months of death) 93

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) 0

While at work? (e) Means of injury

23. Signature H. L. Joslyn (M. D. or other) M. D.

Address 3903 Dure Dr. Date signed 4-12-47

(Licensed Embalmer's Statement on Reverse Side)

3953

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 John L. Dennis

Licensed Embalmer No. 4194

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MISSOURI } ss.
~~County~~ CITY of ST. LOUIS }

State File No. 15-5-22
Local Registrar's No. 3953

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22 day of October, 1953, before me appears M J Croghan Jr, who, upon his oath, states that the original record of ~~birth~~ death for DORA PENDERGAST, died ~~born~~ APRIL, 1947, in the State of Missouri, and which was filed at ST. LOUIS on, 1947, should be corrected as follows:

Item No. 3 should read DORA PRENDERGAST
Instead of DORA PENDERGAST

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant M J Croghan Jr Funeral Director
Relationship.

891 E. Big Bend
Present Address.

Subscribed and sworn to before me this 22 day of Oct., 1953

My Commission expires 3-4-57 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
1 X37817

15522