

No. 300
1-10-47
5-17-39
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#72330
FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2972
Registrar's No. 1042

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(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 Gas
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1905 a Semple Ave. 9
Memorial (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME MYLES PRENDERGAST
(b) If veteran, name war _____ (c) Social Security No. 488-12-4150

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 30th
year 1948 hour _____ minute 48 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. 11-1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/20/48
to Jan 30th, 1948
that I last saw him alive on Jan 30th, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months _____ Days _____
If less than one day hr. _____ min. _____

Immediate cause of death Arteriosclerosis Duration 7 mo.
Due to Hypertensive Cardiovascular Disease 7 mo.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Licensed Watchman

Other conditions Woman 3 days
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business Sterling Aluminum Products Co.
12. Name Myles Prendergast
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Broderick
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy Same
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Roy Mc Intosh
(b) Address 1905 a Semple Ave.
17. (a) Burial (b) Date thereof 2-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ch. v. v. Semetary
18. (a) Signature of funeral director J. F. Broderick
(b) Address 1225 Union Blvd.
19. (a) FEB 2 1948 (b) J. F. Broderick
(Date received local registrar) (Registrar's signature)

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 name of place) (M. D. or other)
23. Signature Joseph B. Allen MD.
Address 1515 Lafayette Date signed 1/31/48

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

J. Allen Dainoff

Licensed Embalmer No. 40530

P. O. Address. St. Louis

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.