

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34669**

FILED OCT 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2473

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheaton</u>		c. LENGTH OF STAY (In this place) <u>30 Yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2210-Wheaton Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>2210-Wheaton Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Olysus</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Pendleton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 25, 1970</u>	9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurseryman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fullgraff Nursery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iberia, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Andrew Jackson Pendleton</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Blue</u>	14. NAME OF HUSBAND OR WIFE <u>Zillah E. Dcd.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wilson Pendleton</u>	ADDRESS <u>2210-Wheaton St. Louis-21-</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis (Chronic)</u>		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4222		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept 5, 1953, to Sept 18, 1953, that I last saw the deceased alive on Sept 17, 1953, and that death occurred at 1:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Sterling MD</u> (Degree or title)	23b. ADDRESS <u>2050 North 4 South Rd. St. Louis 14 Mo.</u>	23c. DATE SIGNED <u>9-19-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-21-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Park</u>	24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/19/53</u>	REGISTRAR'S SIGNATURE <u>Walter B. Lamb MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burman Bros. Inc.</u>	ADDRESS <u>2504-Woodson Rd. Overland 14, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 200  
10-48

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Wm. Sterling

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3054

P. O. Address Ourland, La

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.