

FILED JUL 2 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 21085

10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5662

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2139	
b. CITY OR TOWN St. Louis, Mo. ( )		c. CITY OR TOWN St. Louis, Mo. ( )	
c. LENGTH OF STAY (In this place) 7 hrs, 21 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 13 5800 Arsenal Street.	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Pendleton		4. DATE OF DEATH (Month) (Day) (Year) June 24 - 54	
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH Unknown About
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) house work	11. BIRTHPLACE (City and State or Foreign Country) Arcola, Ill. /
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Marchald	13b. MOTHER'S MAIDEN NAME Mary ??
14. NAME OF HUSBAND OR WIFE George Pendleton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Virginia Geisler		ADDRESS 3445 Oregon	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis with ANTECEDENT CAUSES Arteriosclerotic Heart Disease. DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) 4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 June 3, 19 47 to June 24, 19 54, that I last saw the deceased alive on June 24, 19 54, and that death occurred at 7:00 A.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Palmer Duane Bowditch M.D.		23b. ADDRESS 5800 Arsenal St.	23c. DATE SIGNED 6/24/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/25/54	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co. MO.
DATE REC'D BY LOCAL REG. JUN 24 1954	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Callen Kelly	ADDRESS 7267 Natural Bridge

B.P. (Licensed Embalmer's Statement on Reverse Side)

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

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**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.....  
Signature of Student Embalmer

Signed.....  
*James A. Lemmon*

Licensed Embalmer No.....  
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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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.