

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Townshp. St. Anthony's Hosp. Primary Registration District No. 10003
 City St. Louis St. St. Anthony's Hosp. Registered No. 28375
 Ward 8249

2. FULL NAME

(a) Residence No. 440 Wallace St. 15 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 17 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 5 6 29

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Policeman
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) New Orleans
 (STATE OR COUNTRY) Louisiana

10. NAME OF FATHER Richard Pendergast

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Mary Gannon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY) _____

14. INFORMANT Richard Pendergast
 (Address) 440 Wallace

15. FILED Aug 18 1930 Max C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1930

17. I HEREBY CERTIFY That I attended deceased from Aug 15 1930 to Aug 16 1930 that I last saw him alive on Aug 15 1930, and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
1st (duration) _____ yrs. _____ mos. _____ ds.
97A
 CONTRIBUTORY Chronic Subarterial nephritis
 (SECONDARY) (duration) _____ yrs. 6 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? 129A
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical test
 (Signed) Merita J. Lewis M. D.

(Address) 506 Union

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Aug 19 30

20. UNDERTAKER John P. Collins ADDRESS 718 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

