

MAR 5 - 1937

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

Do not use this space.

8901

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No.)

City Hospital

File No. 2394

Registered No. 2394

St. Ward)

2. FULL NAME

John Pendill

(a) Residence, No. 1808 N. Grand Blvd St. 11 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

the late Laura Pendill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 24-1872

7. AGE

YEARS

64

MONTHS

7

DAYS

2

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

City

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation

Hannibal

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Eliza Coppage

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT

Russell Pendill

(ADDRESS)

1808 N. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Friedens Cem.

DATE 3-1-37

19. UNDERTAKER

(ADDRESS)

Henry Lechner U. Co.
1417 N. Market St.

20. FILED

FEB 28 1937

J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26-37 19

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19.

I last saw h..... alive on , 19. Death is said

to have occurred on the date stated above, at 2:25 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

arterio Sclerosis

Other contributory causes of importance:

Fracture Right Hip due to fall at home, 1908 No. Grand 1/4/37

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1/4, 1937

Where did injury occur? St. Louis Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph M. Zuercher M.D.

(Address) Deputy Coroner

