

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.

RECD APR 17 1938

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

Do not use this space.

9101

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. Hearenness Hospital) St. Ward

File No.
 Registered No. 2690

2. FULL NAME

Ellen Prendergast 653
 (a) Residence, No. 3661 A Bates St. Ward. 15
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm P. Prendergast</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 8, 1869</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>2</u>
	DAYS <u>10</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>6</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dadote Mo.</u>		
FATHER	13. NAME <u>John Ball</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Ann Cain</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>May Prendergast 3661 A Bates</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dadote</u> DATE <u>Mar 21, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Daniel J. Mahan Dadote Mo.</u>		
20. FILED <u>MAR 21 1938</u> <u>J. B. Wick</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1938 to 3-18, 1938
 I last saw her alive on 3-18, 1938 Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
arteriosclerosis
myocardial infarction
 Date of onset ?
 Other contributory causes of importance:
chronic cardiac dilatation 3-18-38

Name of operation Date of
 What test confirmed diagnosis? Ch. Findings Is there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (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?
 If so, specify
 (Signed) H. P. Robinson, M. D.
 (Address) Kirkwood Mo.

Em Bank signed