NOV 21 1938

DEC 8 1938

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

40324
Do not use this space.

96
15
6

1. PLACE OF DEATH

(a) County St Louis — Registration District No. 784

(b) Township or City Ladue — Primary Registration District No. 107 — Registered No. 1896

(c) (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 536 RICHARD. PENDERGAST

(a) Residence, No. 375 N. Price Road St. ☐
(Usual place of abode, if no street address, write county or city) (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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 14th 1867

7. AGE: YEARS 71 — MONTHS 3 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Real Estate
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

FATHER
13. NAME: Richard Pendergast
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

17. INFORMANT (ADDRESS): Mrs Stephen Boggiano 375 N Price Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: Nov 22 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): John P Collins Bro 928 N Grand Blvd

20. FILED NOV 21 1938 T R Meyer M D D P H
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from August, 1929, to Nov. 19, 1938
I last saw him alive on Nov. 17, 1938. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	
Acute Coronary Thrombosis	Sudden
93C	

Other contributory causes of importance:

Chronic Myocarditis, Degenerat	3 yrs.
Hypertension	5 yrs.

Name of operation: 0 Date of: 0
What test confirmed diagnosis? EKG Was 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? no
If so, specify
(Signed) Hiram J. Luzett, M. D.
(Address) 3720 Washington Blvd JE 1851

(Licensed Embalmer's Statement on Reverse Side)

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.

37 m. 11 ...
12 30 m.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address 4704 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.