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FILED JUL 18 1941
Registration District No. _____

Primary Registration District No. 5580

Registrar's No. 14-91

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town MERAMEC - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOSEPH'S HILLS INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 YRS - 3 MONS - 10 DAYS
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JAMES - PRENDERGAST

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MARY DOWLING 6. (c) Age of husband or wife if alive 8 years
7. Birth date of deceased FEBRUARY 8 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 4 21 hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation LUMBERYARD OWNER

11. Industry or business LUMBER

12. Name EDMUND PRENDERGAST
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant Brother Rob. O. J.

(b) Address St. Joseph's Hill Infirmary

17. (a) Burial (b) Date thereof July 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullman Bros

(b) Address 1710 N. Grand Blvd.

19. (a) 29 July 1941 (b) James A. Young
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3630 COOK AVE. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29
year 1941 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from MARCH 28th
1939, to JUNE 28th, 1941;
that I last saw him alive on JUNE 28, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis

Due to _____
Due to Cardio Vascular Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
(b) Means of injury _____
Signature Jesse S. Sargent (M.D. or other) MD
Address Laurel Hill Date signed 6/29/41

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

MOTHER FATHER

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

Fred Frick

Licensed Embalmer No.

3186

P. O. Address

St. Louis M

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 this body is not embalmed, fact should be so stated above.