S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39625

FILED DEC 21 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10690

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1331 N. Sarah St.
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Ervin Pendleton

3. (b) If veteran, name war None

3. (c) Social Security No. 498-03-6825

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie Mae Pendleton

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased April (Month) 17, (Day) 1911 (Year)

8. AGE:

Years	Months	Days	If less than one day
34	7	19	hr. min.

9. Birthplace Palestine, Ark. (City, town, or county) (State or foreign country)

10. Usual occupation (A) Chipper

11. Industry or business American Steel Foundry

FATHER
12. Name David Pendleton
13. Birthplace Arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy King
15. Birthplace Palestine, Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Fannie M Pendleton
(b) Address 1331 Sarah St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Palestine, Ark. Tenn.

18. (a) Signature of funeral director [illegible]
(b) Address 3847 Page

19. (a) DEC 10 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6, year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11/30/45, 19__, to 12/6, 1945 that I last saw him alive on 12/6, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	4 months
Due to 93	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 3146 Lacleede Date signed 12/8/45

(Licensed Embalmer's Statement on Reverse Side)

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 C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.