S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 3 1946

State File No. 22087

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5527

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Paul Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town 5 St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5356 Lotus (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catherine M. Pender

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased about (Month) 18 (Day) 79 (Year)

8. AGE: Years About 67 | Months | Days | If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name James Pender
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary McGrath
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Rev. Bernard Pender
(b) Address East St. Louis Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Chas. F. Smart
(b) Address 1225 Union Blvd.

19. (a) JUN 21 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1946 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from May 1, 1945 to June 20, 1946 that I last saw her alive on June 19, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio vascular renal disease	3 yrs
Due to Arteriosclerosis	2
Due to Age	
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 R. Emmer Kam (M. D. or other)
Address 1117 N Grand Date signed June 20 46

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.