No. 2
-1/47
3-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 14 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11971

Primary Registration District No. 6076

Registrar's No. 819

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Lemay Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Forder & Ringer Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Sister M. Lambertina Prendergast
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
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: May (Month) 5 (Day) 1880 (Year)

8. AGE: Years 66 Months 11 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace: Ireland (City, town, or county) 4 (State or foreign country)
10. Usual occupation: Teacher
11. Industry or business: ~~Parish~~ School
FATHER
12. Name: James Prendergast
13. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Bridget Woodlock
15. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Sister M. Eileen
(b) Address: Nazareth Convent Lemay, 23, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 8-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Nazareth Cemetery
18. (a) Signature of funeral director: C. Hoffmeister U.&.L. Co.
(b) Address: 7814 S. Broadway
19. (a) 4-10-47 (Date received local registrar) (b) Cecilia Stahlhut (Registrar's Signature) MSW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1947 hour 5 minute 05 a.m.
21. I hereby certify that I attended the deceased from Jan 4, 1947, to April 5, 1947, that I last saw her alive on April 3, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the stomach	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause of 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: Waldo Ottlee (M. D. or other)
Address: Lemay R8 (23) Mo Date signed 4/7/47

Jefferson City Printing Co.

(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. Lewis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.