FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19254

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5626

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 5
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Little Sisters of Poor - Florissant
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-months (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County (MO)

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 N. Florissant Ave. 9
(If rural, give location)

20

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jennie Prindible

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife William

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

7. Birth date of deceased Nov. 25th., 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	6	11	hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name David Landrigan
13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bridget O'Donnell
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Quigley
(b) Address 2529 University St.

17. (a) Burial (b) Date thereof 6-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JUN 7 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th.,
year 1947 hour 2 minute a. M.

21. I hereby certify that I attended the deceased from Mar 21, 1947 to June 6, 1947
that I last saw her alive on June 5, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	???
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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) None

(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 (Name of injury)

23. Signature Bernard L. Holtz (M. D. or other)

Address 2302 Salisbury St. Date signed 6-6-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

5-4-18 Clemons

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 Stanley Marshal

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.