S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10555

FILED APR 12 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3325

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1. PLACE OF DEATH:

(a) County:

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

(c) Name of hospital or institution: 4723 Maffitt Ave.
(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: Missouri (b) County: 000

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

(d) Street No. 6 4723 Maffitt Ave. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: Frederick Carpenter Pendill

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, divorced: widowed 7

6. (b) Name of husband or wife: Ida Pendill

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

7. Birth date of deceased: June (Month) 24 (Day), 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	9	10	hr. min.

9. Birthplace: Hannibal, (City, town, or county) Missouri (State or foreign country) A

10. Usual occupation: Inspector

11. Industry or business: Retired

FATHER
12. Name: Azel Pendill
13. Birthplace: Hannibal, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name: Ilias Coppadoge
15. Birthplace: Hannibal, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Miss Hazel Pendill
(b) Address: 4723 Maffitt Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine

18. (a) Signature of funeral director: Drehmann-Harral
(b) Address: 1905 Union Blvd.

19. (a) APR 6 1948 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Apr. day: 4th
year: 1948 hour: 3:45 minute: P.M.

21. I hereby certify that I attended the deceased from 9-4, 1943 to 4-2, 1948, that I last saw him alive on 4-2, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary (chronic)	Since 8-6-48
Due to: Senility	
Due to: arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): 13	
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: W. S. Moore (M. D. or other) MD

Address: 7301 Natural Bridge Date signed: 4-5-48

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

Normandy 21 Mo.

Dr. Wm. E. Moore (3-5)
7301 Natural Bridge

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.....Albert R. Thompson Jr

Licensed Embalmer No.....4237

P. O. Address.....St Louis

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.