

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11253

State File No.

APR 11 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4467 Registrar's No. 910

400
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>VALLEY PARK</u>		c. LENGTH OF STAY (in this place) <u>10 YRS.</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>VALLEY PARK</u>		d. STREET ADDRESS (If rural, give location) <u>421 LEONARD ST.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>421 LEONARD ST.</u>			d. STREET ADDRESS (If rural, give location) <u>421 LEONARD ST.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>PENDERGRASS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 1952</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY-10-1895</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>VAN BUREN, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>THOMAS ESMOND</u>		13b. MOTHER'S MAIDEN NAME <u>DRUCILLA CLARK</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN H. PENDERGRASS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.H. PENDERGRASS - VALLEY PARK, MO.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulo-nephritis</u> DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive heart failure</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>592X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2-24-1952 to 3-20-1952, that I last saw the deceased alive on 3-31-1952, and that death occurred at 2:52 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest H. Schaper, M.D.</u> (Degree or title)		23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>4-4-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR-7-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL</u>	24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD, MO</u>	
DATE REC'D BY LOCAL REG. <u>4-5-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MDSCHRAEDER FUNERAL HOME, BALLWIN, MO.</u>	

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Geo Schrader

Licensed Embalmer No. *3066*

P. O. Address *Bellevue, Mo*

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.