0.300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8238

State File No. .....

FILED MAR 4 1953

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 616

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND HEIGHTS
c. LENGTH OF STAY (in this place): 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greendale 4180
d. STREET ADDRESS (If rural, give location): 2215 ATWATER AVE

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): PRENDERGAST
c. (Last): JOKERST.

4. DATE OF DEATH (Month) (Day) (Year): FEB. 21, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 22-1919
9. AGE (In years last birthday): 33 — 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): at home
10b. KIND OF BUSINESS OR INDUSTRY: House wife
11. BIRTHPLACE (State or foreign country): St. Louis - Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank J. Prendergast
13b. MOTHER'S MAIDEN NAME: Blanche Brown
14. NAME OF HUSBAND OR WIFE: Oliver W. JoKerst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Oliver W. JoKerst — **ADDRESS**: 2215 Atwater

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of right breast. with generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH: 22 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

170X

19a. DATE OF OPERATION: April 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of right breast.
20. AUTOPSY? YES ☒ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1951 *to* Feb 21, 1953, *that I last saw the deceased alive on* Feb 21, 1953, *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. J. Mulligan (Degree or title): M. D.
23b. ADDRESS: St. Louis, Mo. 634 N. Grand Ave.
23c. DATE SIGNED: Feb 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-24-53
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO

DATE REC'D BY LOCAL REG.: 2-22-53
REGISTRAR'S SIGNATURE: Herbert R. Dunk, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: C.R. Lupton & Sons; 7233 Delmare Blvd.

(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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.