

5. No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

37508

FILED OCT. 27 1953

State File No. \_\_\_\_\_

1003

9247

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pagedale #281</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarinate Word Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1516 Partridge Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u>		b. (Middle) <u>THEODORE</u>		c. (Last) <u>PRENDERGAST</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>August 29, 1886</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Executive - V. Pres.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Body and Auto Repair Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Potosi, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Thomas Bernard Prendergast</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Aubuchon</u>			14. NAME OF HUSBAND OR WIFE <u>none</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 <u>Frank J. Prendergast</u> ADDRESS <u>#5 Colonial Ct Ladue, Mo.</u>			
18. CAUSE OF DEATH (For only one cause per line for (a), (b), and (c)) <i>Does not mean the mode of dying, such as heart failure, asthma, etc. It means the direct injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Cardiac Failure</u> ANTECEDENT CAUSES <u>Acute Myocarditis</u> <u>Acute Perforated Appendicitis</u> <u>Acute Peritonitis</u> DUE TO (a) _____ DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>2 Days</u> <u>1 Day</u> <u>1 Day</u>	
19a. DATE OF OPERATION <u>9/19/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ac Perforated Appendicitis, Peritonitis</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? <u>5501</u>			
22. I hereby certify that I attended the deceased from <u>9/19</u> , 19 <u>53</u> , to <u>9/23</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9/22</u> , 19 <u>53</u> , and that death occurred at <u>10<sup>am</sup></u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George J. Nicholas M.D.</u>				23b. ADDRESS <u>3903 Olive</u>		23c. DATE SIGNED <u>9/24/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 26, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 25 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Croghan</u> ADDRESS <u>831 E. Big Bend Blvd WEBSTER GROVES, 19 MO.</u>			

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

*can't find*

(Licensed Embalmer's Statement on Reverse Side)

1944

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

*Ben Hoffman*

Licensed Embalmer No. *366*

P. O. Address *St Louis 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 37508

State of ..... }  
County of ..... } ss.

Local Registrar's No. 9247

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this ..... day of ....., 194....., before me appears .....

for Leo T. Pendergosh, who, upon ..... oath, states that the original record of birth  
died 9-23-53, 19....., in the State of  
born .....  
Missouri, and which was filed at ..... on ..... 19....., should be corrected as follows:

Item No. 8 should read 8-29-1886

Instead of ..... " " 1896

Item No. 9 should read age 67

Instead of ..... 57

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant M. Proghan J. General Director

Relationship. W. G.

331 E. Big Bend Rd. Present Address.

Subscribed and sworn to before me this 14 day of Oct., 1953

My Commission expires 3-4-57 Clara Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.  
W 1107895-13 - 4-26-1915

