

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10331**  
Registrar's No. **2441**

BIRTH NO. **FILED MAR 19 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Barnes Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>21 2947a Easton</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>NMN</b> c. (Last) <b>Pendleton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 13 54</b>		
5. SEX <b>Male 2</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>April 23 1900</b>		9. AGE (In years last birthday) <b>53</b>		10. IF UNDER 1 YEAR Days <b>10</b> IF UNDER 24 HRS. Hours <b>20</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Packing House</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Yazoo City Miss</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Jack Pendleton</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Campbell</b>		14. NAME OF HUSBAND OR WIFE <b>Viola Pendleton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-03-7322</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Viola Pendleton 2947a Easton Ave</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC DECOMPENSATION WITH AURICULAR FIBRILLATION ON ANTECEDENT CAUSES</b> DUE TO (b) <b>SYPHILITIC HEART DISEASE OF AORTIC VALVE WITH ANEURYSM OF ASCENDING AORTA</b> DUE TO (c) <b>AORTA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6-7 YEARS</b> <b>13 YEARS</b>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>022X</b>	

22. I hereby certify that I attended the deceased from **Mar. 7, 1954**, to **Mar. 13, 1954**, that I last saw the deceased alive on **Mar. 13, 1954**, and that death occurred at **3:20P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John Davidson M.D.</b>		23b. ADDRESS <b>Barnes Hospital</b>		23c. DATE SIGNED <b>3-16-54</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-19-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co. Mo</b>					

DATE REC'D BY LOCAL REG. <b>MAR 16 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.H. Randle &amp; Son 3133 Bell Ave</b>	
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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.....  
Signature of Student Embalmer

Signed *J. J. Watson*

Licensed Embalmer No. *269*  
P. O. Address *2769th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.