

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 8 1956 STANDARD CERTIFICATE OF DEATH

15168

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 833

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Marionville mo</u> | c. LENGTH OF STAY (In this place) <u>9 years</u> | c. CITY OR TOWN <u>St. Louis</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Care Home</u> | | e. STREET ADDRESS (If rural, give location) <u>4414 Elmbank Avenue</u> <u>2101</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Cornelia</u> b. (Middle) _____ c. (Last) <u>Pendergast</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1956</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED | 8. DATE OF BIRTH <u>Jan. 10 - 1877</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Phillip Snyder</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ballou</u> | 14. NAME OF HUSBAND OR WIFE <u>Tom Pendergast (Deceased)</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Pearl Snyder</u> ADDRESS <u>4414 Elmbank Ave</u> |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Arterio Sclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from June, 1948, to Apr. 10, 1956, that I last saw the deceased alive on April 7, 1956, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>R. N. Hanson</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>2830 Olive St.</u> | 23c. DATE SIGNED <u>4/10/56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>4-11-1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Double Butte Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Tempe, Arizona</u> |
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| DATE REC'D BY LOCAL REG. <u>4-11-56</u> | REGISTRAR'S SIGNATURE <u>Richard R. Bonke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son, Inc.</u> ADDRESS <u>2161 E. Fair Ave.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Clement M. Gaudin*.....

Licensed Embalmer No. *37*.....

P. O. Address *A. L.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.