URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 20 1960

-60-025354

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1720

NDED

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Northwoods — Length of stay in 1b Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4402 Nelson Blvd. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St.Louis
c. CITY OR TOWN Northwoods — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4402 Nelson Blvd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle L. Last Pendergast
4. DATE OF DEATH Month May Day 30th. Year 1960
5. SEX M.
6. COLOR OR RACE W.
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 10/31/1901
9. AGE (last birthday) 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Thomas Pendergast
13b. MOTHER'S MAIDEN NAME Delia Moran
14. NAME OF HUSBAND OR WIFE Mrs.Nina Pendergast
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. 409-05-0038
17. INFORMANT Mr.James R.Pendergast, Address 4402 Nelson Blvd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ none
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year none
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 1 1959, to May 30-60 and last saw ~~her~~ him alive on May 23-60
Death occurred at 1;00 am. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M E Stachle M.D.
22b. ADDRESS 7124 Natural Bridge
22c. DATE SIGNED May 31-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 2,1960
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis,Missouri

24. FUNERAL DIRECTOR Arthur J. Donnell — ADDRESS 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG. 6-1-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Thomas Williams

Signature of Student Embalmer

Licensed Embalmer No. 356

P. O. Address 3840 L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.