WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 26 1929

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7725

1. PLACE OF DEATH

County: St Charles — Registration District No. 757 — File No.

Township: — Primary Registration District No. 3036 — Registered No. 34

City: St Charles (No. 523 Tecumseh St. Ward)

2. FULL NAME Gordon Deroy

(a) Residence. No. 523 Tecumseh St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27-1924

7. AGE: Years 4 — Months 1 — Days 25 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Charles (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER: Gordon Deroy.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Charles (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER: Agnes Hall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Montgomery (STATE OR COUNTRY) Mo.

14. INFORMANT: Gordon Deroy, (Address) St Charles Mo.

15. FILED: 2/22, 1929 Hy. G. Bloetzum, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 22 1929.

17. I HEREBY CERTIFY, That I attended deceased from February 21, 1929, to February 22, 1929 that I last saw him alive on February 22, 1929, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebrospinal Meningitis

79B

(duration) yrs. mos. 15 hrs ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

(1) DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed) B. P. Wentker, M. D

2/22, 1929 (Address) St. Charles, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Chas. Barrameo Cem. — DATE OF BURIAL: Feby 22 1929

20. UNDERTAKER: H. Dallmeyer & Son 60 — ADDRESS: St Charles Mo