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

Do not use this space.

10273

File No. 2242
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis (No. 2733 Caroline St. St. Ward)
Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Eulice Derickson

(a) Residence. No. 2733 Caroline St. St., 22 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9-1925

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	4	5	22	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Derickson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Bessie Polete
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Mr John Derickson
(Address) 2733 Caroline St.

15. FILED ....., 19.... Max C. Nimmons
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1930

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1930 to March 3, 1930 that I last saw h. alive on 3/3 1930 and that death occurred, on the date stated above, at 5 15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10 Diphtheria

(duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (SECONDARY)

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Otto C. Hauser, M.D.

3/3, 1930 (Address) 3156 Park Ave

*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 Festus Mo.
DATE OF BURIAL March 5 1930

20. UNDERTAKER E. J. Behmer
ADDRESS 3125 Lafayette

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.