

AUG 9 1935

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

Do not use this space.

24864

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No.
City **St. Louis** (No. **5576 Pershing**) St. Ward)

File No.
Registered No. **6298**
St. Ward)

2. FULL NAME

(a) Residence, No. **5576 Pershing**, **6** 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathella Derleth		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8-1857		
7. AGE YEARS 77-77	MONTHS 10	DAYS 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler		IF LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation.....

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
	13. NAME Charles Derleth
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME unknown
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
	17. INFORMANT Ray Derleth (ADDRESS) 5576 Pershing
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 7-24 19 35	
19. UNDERTAKER Peet Bro. (ADDRESS) 30243 Lafayette	
20. FILED JUL 24 1935 J. Bredick Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-23** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **July** 19**37**, to **July 22**, 19**35**
I last saw him alive on **July 22**, 19**35** Death is said to have occurred on the date stated above, at **5:30** m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (apoplexy) Date of onset

Other contributory causes of importance: **82**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **Aug. A. Werner** M. D.
(Signed) **Humboldt Block**
(Address) **St. Louis**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully studied. 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.

S.C. Aug 10 James
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