APR 11 1936

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

Do not use this space.

791

13060

1. PLACE OF DEATH

County..... Registration District No. 1003 File No.....

Township..... Primary Registration District No..... Registered No. 31131

City St Louis (No. City Hosp #1 St. ..... Ward)

2. FULL NAME Michael McDerby

(a) Residence, No. 923 Spruce St., 25 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1st 1884

7. AGE: YEARS 51 ~~52~~ MONTHS 9 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sewage - Vendors

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

FATHER

13. NAME: Peter McDerby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Bridget Farrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs Peter McDerby City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 3/24/36

19. UNDERTAKER (ADDRESS): Shoot & Carroll 4600 Hodiamont Bridge

20. FILED MAR 23 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/20/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/3, 19 86 to 3/20/36, 19 86

I last saw him alive on 3/20, 19 36. Death is said to have occurred on the date stated above, at 1:00 a.m.

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

Carcinoma of larynx — Date of onset

HS

Other contributory causes of importance: Metastases to lung and neck

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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.....

(Signed) D. H. Battles M. D.

(Address) City Hosp #1

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.