

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Hospital No. 1)

File No. 8831

Registered No. 2320

St. Ward

B. 16752 Joseph Adalbert Derwostep

2. FULL NAME Joseph Adalbert Derwostep
3731 TEXAS

(a) Residence, No. St. 24 Ward. (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augusta Post Derwostep		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1850		
7. AGE 86	YEARS 86	MONTHS 7
		DAYS 21
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil (Sailor)
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (year) spent in this occupation 60

MOTHER	12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Rumburg Germany
	13. NAME Markusson
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) 31
	15. MAIDEN NAME 31
MOTHER	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) 31

17. INFORMANT Hosp. Info. M. H. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE
St. Matthew's Cem. DATE Feb. 25, 1937

19. UNDERTAKER (ADDRESS)
Seiderwiden Funeral Service, 1936 St. Louis Ave.

20. FEB 26 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/21/37, 19 to 2/24/37, 19.

I last saw him alive on 2/24/37, 19. Death is said to have occurred on the date stated above, 6:35 am.

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

Cerebral Aneurysm
Degenerated Heart
Tissue

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 of injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo. Seibel, M. D.
(Address) City Hospital No.

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.

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