

S. No. 2
-11-10-39
-5-17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9238
Registrar's No. 2721

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute to City Hospital #1
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bernard J. Derby (Buns)
8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cecile Derby 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Jan. 11 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>2</u>	<u>11</u>hr.min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman retired 10 Yrs.

11. Industry or business
MOTHER FATHER { 12. Name James Derby
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Donahue
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cecile Derby
(b) Address 3642 Watson Rd.

17. (a) Burial (b) Date thereof 3-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriehauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) MAR 23 1940 (b) J. B. Brudich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 3642 Watson Rd.
(If rural, give location)

(e) If foreign born, how long in U.S.A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 22nd
year 1940 hour 10:30 minute P.M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Chronic End-stage Nephritis
Due to Heart
Due to _____
Other conditions (include pregnancy within 3 months of death) 31

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(b) Means of injury 5

23. Signature Alfred Perry (M. D. or other) _____
Address Deputy Coroner Date signed 3.23.40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.