

S. No. 2
M-43-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31876

State File No.

Registrar's No.

8957

NOV 6 1942 318

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: BARNES HOSPITAL
(d) Length of stay: In hospital or institution 10-5-42 to 10-26-42
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 067
(c) City or town St. Louis
(d) Street No. 4339 - Forest Park
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mr. Howard Wilson Derk

3. (b) If veteran, name war — 3. (c) Social Security No. 488-09-5978

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Iva Derk 6. (c) Age of husband or wife if alive 40
7. Birth date of deceased Jan 18 1906

8. AGE: Years 36 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Flint Mich

10. Usual occupation Printer

11. Industry or business National Cover Co.

12. Name Harry Derk

13. Birthplace Mich

14. Maiden name Alice Ford

15. Birthplace Mich

16. (a) Informant Iva Derk

(b) Address 4339 - Forest Park St. Louis Mo

17. (a) Burial (b) Date thereof 10-29-42

(c) Place: burial or cremation Lutesville Mo.

18. (a) Signature of funeral director Baumann Bros

(b) Address 2504 Woodson Rd. Overland Mo

19. (a) Oct 28 1942 (b) J. F. Budeck

(c) 847 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1942 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1942 to Oct 26 1942 that I last saw him alive on Oct 26 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma

Due to
Due to
Other conditions (Include pregnancy, within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature William J. Rive (M. D. or other)
Address B.A.W. 55 - 1133 Date signed 10-27

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

10

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 W. G. Peterson

Licensed Embalmer No. 3167 City 175

P. O. Address. Overland Mo

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, fact should be so stated above.