

S. No. 2
M-9.4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18949**
Registrar's No. **1231**

FILED **MAY 29 1943**
Registration District No. **277**

Primary Registration District No. **3066**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Kirkwood**
(c) Name of hospital or institution: **St. Louis County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day 11 hrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Kirkwood** **96**
(If outside city or town limits, write "RURAL")
(d) Street No. **906 N. Woodlawn** **4**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **2**
If yes, name country **0**

3. (a) PRINT FULL NAME **Henry Derreth**
3. (b) If veteran, name war **No**
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **22**
year **1943** hour **1** minute **:40** p.m.

4. Sex **Male 0** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 23 1875**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **5-21-43**
_____, 19____, to **5-22-43**, 19____;
that I last saw him alive on **5-22-43**, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 **8** **29** _____ hr. _____ min.

Immediate cause of death **Respiratory failure** **5 MIN.**
Due to **Lobar pneumonia of right lung** **4 DAYS**
Due to **Bacteremia (Type I pneumococcus)** **2 DAYS**
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **St. Louis Missouri 0**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired**

Major findings: Of operations _____
Of autopsy **104**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name **Francis Derreth**
13. Birthplace **St. Joseph Missouri 0**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **R. J. Becker**
(b) Address **906 N. Woodlawn**
17. (a) **Burial** (b) Date thereof **May 25, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Cemetery**
18. (a) Signature of funeral director **Beiderwieden Fun'l Home**
(b) Address **1936 St. Louis Ave.**
19. (a) **MAY 26 1943** (b) **C. G. McLaughlin, M.D.**
(Date received local registrar) (Registrar's signature)

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)
(e) Means of injury _____
23. Signature **Robert A. Hall** (M. D. or other) **M.D.**
Address **ST. LOUIS COUNTY HOSP** Date signed **5-24-43**

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(Licensed Embalmer's Statement on Reverse Side)

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..... *[Handwritten Signature]*.....
Licensed Embalmer No..... *3737*.....
P. O. Address..... *1936 N. Louisa*.....

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.