12205
. S. No. 2
M—9-4-41—
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 31 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22916

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6689

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 weeks (Specify whether In this community 23 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS. 9 24 (If outside city or town limits, write "RURAL")

(d) Street No. 3433 OREGON AVE (If rural, give location)

(e) Citizen of foreign country? YES. (Yes or No)

If yes, name country POLAND. 0

3. (a) PRINT FULL NAME John Derkoski

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife SUSAN DERKOSKI.

6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased APR. (Month) 4TH (Day) 1862 (Year)

8. AGE: Years 81 Months 3 Days 19 If less than one day hr. min.

9. Birthplace POLAND (City, town, or county) 4 (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business GEN. LABOR.

FATHER
12. Name JOHN DERKOSKI
13. Birthplace POLAND (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN.
15. Birthplace POLAND. (City, town, or county) 4 (State or foreign country)

16. (a) Informant Clara Laubushumer

(b) Address 3433 Oregon ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 26 = 42 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brookland Und Co

(b) Address 1827 HOGAN STR.

19. (a) JUL 24 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd year 1943 hour 4:30 minute A.M.

21. I hereby certify that I attended the deceased from May 2nd, 1943, to July 23rd, 1943 that I last saw him alive on July 23rd, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Circulatory failure — Duration 12 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Prostatic hypertrophy Gangrene of foot

Of autopsy

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? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature Jules Hopp (M. D. or other) M.D.

Address 1515 Lafayette Date signed 7/23/43

(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 Albert G. Hoffer

Licensed Embalmer No. 2971

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, fact should be so stated above.