

Registration District No. 18

Primary Registration District No. 1002

Registrar's No. 2908

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 29 days
(Specify whether
 In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
12
9 21
 (d) Street No. 16a N. Leffingwell
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Charles Derrick

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex <u>Male</u>	5. Color or race <u>Col</u>	6. (a) Single, widowed, married, divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>Clovelle Derrick</u>	6. (c) Age of husband or wife if alive <u>28</u> years	
7. Birth date of deceased <u>May 2 1915</u>	(Month) (Day) (Year)	

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>3</u>	<u>29</u>	_____ hr. _____ min.

9. Birthplace Helena Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

MOTHER FATHER

11. Industry or business _____
 12. Name Saleman Derrick
 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Willie Blue
 15. Birthplace Pine Bluff Ark
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address 164 N Leffingwell

17. (a) Burial (b) Date thereof 9 7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Von Home
 (b) Address 2820 Stoddard St

19. (a) SEP 9 1943 (b) J. F. Bradach
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1,
 year 1943 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from August 3, 1943 to September 1, 1943;
 that I last saw him alive on September 1, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach with Metastasis Duration Indef.

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) H/O

Major findings: Of operations _____
 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? _____

While at work (Specify type of place) _____ (e) Manner of injury 0

23. Signature C. M. Jackson M. D. or other _____
 Address 2601 Whittier Date signed 9/2/43

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

Licensed Embalmer No.

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.