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10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#84043

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

38028

State File No.

FILED DEC 2 1948

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 9992

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: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS (1) (Specify whether years, months or days)

In this community 28 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County 17

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

(d) Street No. 1518 PICKER STR. 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FELIX P. DERKOSKI

3. (b) If veteran, name war NONE

3. (c) Social Security No. 497-09-5065

4. Sex MALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

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

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased JUNE (Month) 2ND (Day) 1892 (Year)

8. AGE: Years 56. Months 5. Days 14. If less than one day hr. min.

9. Birthplace PIERCE CITY (City, town, or county) MO (State or foreign country) 1

10. Usual occupation CUSTODIAN

11. Industry or business CITY HOSPITAL #1.

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

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

16. (a) Informant x Mrs. P. Derkoski
(b) Address 1518 Picker Str.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 19-48. (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brockland Und. Co
(b) Address 1827 Hogan Str.

19. (a) NOV 18 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th year 1948 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10/23/48, 19..., to Nov. 16th, 1948 that I last saw him alive on Nov. 16th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death pulmonary tuberculosis	6 mo.
Due to	
Due to	
Other conditions Laennec's cirrhosis of the liver (Include pregnancy within 3 months of death)	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank Martin (M. D. or other)

Address 1515 Lafayette 11/18/48 Signed

(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.....

Licensed Embalmer No.....3575

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.