

BIRTH NO. #57317		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5805			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis 7289</i>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1.</i>				d. STREET ADDRESS <i>28</i> (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <i>WILLIAM</i>			b. (Middle)			c. (Last) <i>DERSCHOW</i>			
4. DATE OF DEATH <i>July 2nd, 1950</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
8. DATE OF BIRTH <i>6-5</i>		9. AGE (In years) (At birthday) <i>65</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bar tender</i>		11. BIRTHPLACE (State or foreign country) <i>9</i>			
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>9</i>		12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME <i>Wink</i>		13b. MOTHER'S MAIDEN NAME <i>Wink</i>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>City Hospital Record</i> ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Epsanguinating Hemorrhage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Perforating, bleeding, duodenal ulcer</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>541.1</i>					
22. I hereby certify that I attended the deceased from <i>6/22/50</i> to <i>7/2/50</i> , 19__, that I last saw the deceased alive on <i>7/2/50</i> , 19__, and that death occurred at <i>5:45 am</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Harold A. Lurie, M.D.</i> (Degree or title)				23b. ADDRESS <i>1515 Lafayette Ave.,</i>		23c. DATE SIGNED <i>7/2/50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>7/5/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>			
DATE REC'D BY LOCAL REG. <i>JUL 5 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Pasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John L. Zepher</i>		ADDRESS <i>703 Francis Ave.</i>			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

M. O. Embalming

Licensed Embalmer No.

Signed _____
Student Embalmer

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.