

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31417

State File No.

FILED SEP 22 1951

318

1003

Registrar's No. 8143

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE					
b. CITY (If outside corporate limits, write RURAL and give town or town) St Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4265 Washington Blvd.				d. STREET ADDRESS (If rural, give location) 4265 Washington Blvd					
3. NAME OF DECEASED (Type or Print) a. (First) Lucian		b. (Middle) J.		c. (Last) Derr		4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jun 3, 1910			
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Repairman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo			
12. CITIZENSHIP OF WHAT COUNTRY?		13a. FATHER'S NAME Harry Derr		13b. MOTHER'S MAIDEN NAME Maude Woods		14. NAME OF HUSBAND OR WIFE Beulah Derr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME Beulah Derr		ADDRESS 4265 Washington			
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) Coronary Thrombosis ANTECEDENT CAUSES (b) Ruptured Coronary Veins Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Left Atricle, Abscessed and Dilated II. OTHER SIGNIFICANT CONDITIONS (c) Dilated Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 16 hrs 6-Mr	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hook					
22. I hereby certify that I attended the deceased from 3-15-1951, to 9-13-1951, that I last saw the deceased alive on 9-13-1951, and that death occurred at 7:55 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Joseph H. Schafner M.D.				23b. ADDRESS 432 Washington Ave.		23c. DATE SIGNED 9-13-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-16-51		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) (State) St. Louis Mo			
DATE REC'D BY LOCAL REG. SEP 14 1951		REGISTRAR'S SIGNATURE Carl Smith no		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, Inc.		ADDRESS 4700 Washington			

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

293

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo

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.