

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2547  
Registrar's No. 2547

No. 300  
10.48

FILED MAR 29 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION Infirmery		d. STREET ADDRESS (If rural, give location) 3 5800 Arsenal St. 0	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Derby.			4. DATE OF DEATH (Month) (Day) (Year) Mar. 16 1952.		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower 2	8. DATE OF BIRTH July 31, 1894	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. C	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME Truman Derby		13b. MOTHER'S MAIDEN NAME Nellie May		14. NAME OF HUSBAND OR WIFE Marie Rofe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 492-03-1575		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmery 5800 Arsenal St	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? H570	

22. I hereby certify that I attended the deceased from Feb. 26, 1952, to Mar. 16, 1952, that I last saw the deceased alive on Mar. 16, 1952, and that death occurred at 10:00 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Palmer Romaine Bowditch MD		23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED Mar 16 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-18-1952		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.					

DATE REC'D BY LOCAL REG. MAR 17 1952		REGISTRAR'S SIGNATURE Carl Smith md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home 2501 Lafayette Ave	
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WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*L. P. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.