

FILED JUL 22 1952

STANDARD CERTIFICATE OF DEATH

State File No. 25709

318

1003

Registrar's No. 6328

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6328	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY _____				a. STATE Missouri		b. COUNTY 2249	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 24 2712 Utah St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2712 Utah St				d. STREET ADDRESS (If rural, give location) 24 2712 Utah St			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) Louise			b. (Middle) Franke			c. (Last) Derwestyp	
(Type or Print)			(Month) (Day) (Year)			/ DEATH 6-30-1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-8-1885	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME ???		13b. MOTHER'S MAIDEN NAME Bontemps		14. NAME OF HUSBAND OR WIFE John H. Derwestyp		14. NAME OF HUSBAND OR WIFE John H. Derwestyp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME John H. Derwestyp		ADDRESS 2712 Utah St	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy				One day	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				2 year	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Senile Arterio Sclerosis					
		DUE TO (c) _____					
		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		4500	
22. I hereby certify that I attended the deceased from July 3rd 19 50 to June 30 , 19 52 , that I last saw the deceased alive on June 30 , 19 52 , and that death occurred at 4507 m., from the causes and on the date stated above.							
23a. SIGNATURE Julius Charles Rotter				23b. ADDRESS 2603 Cherokee St		23c. DATE SIGNED July 1, 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-3-1952		24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery		24d. LOCATION (City, town, or county) (State) McKenzie Road Affton Mo Mo	
DATE REC'D BY LOCAL REG. JUL 2 1952		REGISTRAR'S SIGNATURE J. Charles Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE W. Siegenheim		ADDRESS 6409 Gravois Ave	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Rotter

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..... *Law M. Seymour*

Signed.....
Student Embalmer

Licensed Embalmer No. *4343*

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.