

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **30287**

No. 300  
10.48

**DEAD** AUG 30 1952

BIRTH NO. _____		REG. DIST. NO. <b>317</b>	PRIMARY REG. DIST. NO. <b>544</b>	Registrar's No. <b>2246</b>
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b>		b. COUNTY <b>St. Louis</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. LENGTH OF STAY (in this place) <b>11 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>618 West Essex</b>		d. STREET ADDRESS (If rural, give location) <b>618 West Essex</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>THERESA</b>		b. (Middle) <b>A.</b>	c. (Last) <b>DERBY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 25, 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 26, 1906</b>	9. AGE (In years last birthday) <b>45</b> # UNDER 1 YEAR Months # UNDER 1 YEAR Days # UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Stanley Centolla</b>		
13b. MOTHER'S MAIDEN NAME <b>Rose Malinowski</b>		14. NAME OF HUSBAND OR WIFE <b>Frank F. Derby</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>490-12-3627</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Frank F. Derby</b> ADDRESS <b>618 West Essex.</b>
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary metastases</b> ANTECEDENT CAUSES <b>Carcinoma of right breast</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>170X</b> 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 <b>9 months</b> <b>2 yrs 1 mo.</b>
19a. DATE OF OPERATION <b>7-29-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of rt. breast with axillary metastases</b>		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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>July</b> , 19 <b>50</b> , to <b>August</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>August 9, 1952</b> , and that death occurred at <b>10:30 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Charles S. Sherwin</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>3720 Washington Blvd.</b>		23c. DATE SIGNED <b>August 26, 1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>8-28-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>8-27-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b> ADDRESS <b>4228 S. Kingshighway Bl.</b>		

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

(Licensed Embalmers' Statements on Reverse Side)

Ohio

**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 William O. White

Licensed Embalmer No. 4791

P. O. Address 4228 Kingshighway

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.