

FILED FEB 8 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **43533**
 Registrar's No. **11569**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Lemay 487 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros		e. STREET ADDRESS (If rural, give location) 108 Viehl			

3. NAME OF DECEASED (Type or Print) JOHN DERICKSON			4. DATE OF DEATH (Month) (Day) (Year) Dec 19m 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 5 1893		9. AGE (In years, last birthday) 61
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY Ship Building		11. BIRTHPLACE (City and State or Foreign Country) Missouri	

13a. FATHER'S NAME John Derickson		13b. MOTHER'S MAIDEN NAME Julia Sansoucie		14. NAME OF HUSBAND OR WIFE Elizabeth Derickson	
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 ADDRESS Elizabeth Derickson 108 Viehl	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		6 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Diabetes mellitus; diabetic gangreen of right foot. DUE TO (c) Amputation, mid-thigh right leg.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Generalized arteriosclerosis.	

19a. DATE OF OPERATION 12/18/54		19b. MAJOR FINDINGS OF OPERATION Diabetic gangreen of right foot.		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? 260X	

22. I hereby certify that I attended the deceased from 1951, 19 , to Dec. 19th, 19 54, that I last saw the deceased alive on Dec. 18th, 19 54, and that death occurred at 12:05A m., from the causes and on the date stated above.

23a. SIGNATURE A. V. Cook MD (Degree or title)		23b. ADDRESS 4103a Laclede		23c. DATE SIGNED Dec 12 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec 22 54		24c. NAME OF CEMETERY OR CREMATORY Catholic	
24d. LOCATION (City, town, or county) (State) Festus Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Schnur 3125 Lafayette			

DATE REC'D BY LOCAL REG. **DEC 20 1954**

REGISTRAR'S SIGNATURE **J. Carl Smith MD**

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *Joseph Vallmu*.....

Licensed Embalmer No. *4014*.....

P. O. Address *3125 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.