

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 17762
Registrar's No. 3975

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 MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		c. LENGTH OF STAY (in this place) 45 yrs.		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5603 DELMAR AVE.				e. STREET ADDRESS (If rural, give location) 8 8721 HALLS FERRY ROAD. 20870			
3. NAME OF DECEASED (Type or Print) a. (First) PAUL		b. (Middle) EDWARD		c. (Last) DERDA		4. DATE OF DEATH (Month) (Day) (Year) APRIL 21, 1956	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DECEMBER 29, 1876	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LANDSCAPER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) DANZIG, GERMANY	
11. BIRTHPLACE (City and State or Foreign Country) DANZIG, GERMANY		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOHN DERDA		13b. MOTHER'S MAIDEN NAME MARTHA OBENDORF	
14. NAME OF HUSBAND OR WIFE HENRIETTA DERDA		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. 497-05-5868		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LUTHERAN ALTENHEIM 8721 HALLS FERRY RD.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Multilobular Lobular Cirrhosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 20 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 581.0				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?			
22. I hereby certify that I attended the deceased from <u>3/6</u> , 1956, to <u>4/21</u> , 1956, that I last saw the deceased alive on <u>4/20</u> , 1956, and that death occurred at <u>5132A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>H. Kasting</i>		(Degree or title) D.O.		23b. ADDRESS 4903 Delmar		23c. DATE SIGNED 4/21/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-23-1956		24c. NAME OF CEMETERY OR CREMATORY LAKEWOOD PARK CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY	
DATE REC'D BY LOCAL REG. APR 23 1956		REGISTRAR'S SIGNATURE <i>J. Cash Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC. 1936 ST. LOUIS AVE.			

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 _____
Signature of Student Embalmer

Signed Delis J. Krupin

Licensed Embalmer No. 34

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.