

STANDARD CERTIFICATE OF DEATH

33407
STATE FILE NUMBER
8837
Registral's No.

FILED OCT 4 1957

Registration District No. 318 Primary Registration District No. 1003

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, give TOWNSHIP only) OR TOWN SAINT LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SAINT LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PARK LANE HOSPITAL		Length of stay in 1b 60 yrs.	STREET ADDRESS (If outside, give location) 5037 ALCOTT AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM JOSEPH DERWIN			4. DATE OF DEATH Month Day Year SEPTEMBER 19 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 1, 1890		9. AGE (In years last birthday) 67 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESIDENT		10b. KIND OF BUSINESS OR INDUSTRY HUNKIN*WILLIS CEMENT COMPANY		11. BIRTHPLACE (City and state or country) ALTON, ILLINOIS	
13. FATHER'S NAME JAMES DERWIN			14. MOTHER'S MAIDEN NAME MARGARET HORN		
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. 494 09 3847		17. INFORMANT Address Mrs. Bertha Derwin, 5037 Alcott Avenue 20	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Left Ventricular failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypostatic Pneumonia</i> DUE TO (c) <i>Pulmonary embolism</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Pulmonary fibrosis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 hours</i> <i>24 hours</i> <i>4 days</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>Sept 17-1957</i> to <i>Sept 19-1957</i> and last saw <i>him</i> alive on <i>Sept 19-57</i> Death occurred at <i>10:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>G. V. Snyder M.D.</i>		22b. ADDRESS <i>705 Olive St.</i>		22c. DATE SIGNED <i>9-20-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE SEPT. 23, 1957		23c. NAME OF CEMETERY OR CREMATORY SAINT PETER'S CEMETERY	
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 NAT'L BRIDGE BLVD		23d. LOCATION (City, town, or county) SAINT LOUIS COUNTY, MISSOURI		25. DATE RECD. BY LOCAL REG. SEP 20 57	
26. REGISTRAR'S SIGNATURE <i>Earl Smith</i>					

(Licensed Embalmer's Statement on Reverse Side)

000. 1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms were registered. Use only black ink or ribbon typewrite if possible.

File in City

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 *Ralph C. Lenders*

Licensed Embalmer No. 40

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.