

Health, Welfare
Public
Service

FILED JAN 27 1958

STANDARD CERTIFICATE OF DEATH

478601
STATE FILE NUMBER
12129

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 12129

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN Maplewood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital		d. STREET ADDRESS 3604 Oxford Ave.	

3. NAME OF DECEASED (Type or print) Edmond J. McDerby			4. DATE OF DEATH Dec. 16, 1957		
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 2, 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Retired, Bank Teller	10b. KIND OF BUSINESS OR INDUSTRY First National	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Michael McDerby	13b. MOTHER'S MAIDEN NAME Mary Newell	14. NAME OF HUSBAND OR WIFE Mrs. Edna McDerby
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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. 497-18-9676	17. INFORMANT Address Mrs. Edna McDerby, 3604 Oxford Ave. Maplewood
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastric ulcer		INTERVAL BETWEEN ONSET AND DEATH years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 5400		

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from Death occurred at 4:30 Dec 2, 1957 to Dec 16, 1957 and last saw him alive on Dec 15, 1957 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Vincent F. Townsend MD (Degree or title)	22b. ADDRESS 3101 Sutton Ave Maplewood Mo	22c. DATE SIGNED 12-17-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 18, 1957	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR Arthur J. Donnelly 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. DEC 17 '57	26. REGISTRAR'S SIGNATURE Carl Smith Mo mga
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Francis H. Williamson*

Licensed Embalmer No. *3565*
P. O. Address *3840 Lind*

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.