URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-024443
STATE FILE NUMBER

FILED VS JUN 29 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5293

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 50yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri — b. COUNTY St. Louis
c. CITY OR TOWN ~~St. Louis~~ — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 4337 Rozier Dr. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: James — Middle: — Last: Derwin
4. DATE OF DEATH Month: May — Day: 19 — Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/25/09
9. AGE (last birthday): 50 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: St. Lukes Hosp.
11. BIRTHPLACE (City and state or country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: James Derwin
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Elizabeth Derwin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.2
16. SOCIAL SECURITY NO.: 490-36-4853
17. INFORMANT: Elizabeth Derwin — Address: 4337 Rozier Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Sclerosis
DUE TO (c): 420-1
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

BY AFFIDAVIT OF

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 7:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Patrick E. Taylor Coroner
22b. ADDRESS: 13 as Clark
22c. DATE SIGNED: 5/20/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 23.1960
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery J.B. Jefferson Barracks
23d. LOCATION (City, town, or county) (State): Mo.
24. FUNERAL DIRECTOR: Morrell — ADDRESS: 3710 N. Grand Blvd.
25. DATE REC'D. BY LOCAL REG.: MAY 20 1960
26. REGISTRAR'S SIGNATURE: Earl Smith. M.D. MSB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Loron E. Percy

Signature of Student Embalmer

Licensed Embalmer No. 4

P. O. Address St. Louis

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