. S. No. 2
0M—5-43
v. 5-17-39
I X35671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15049

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4298

00 17 9

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. 3626 Gasconade St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

000 17 15

3. (a) PRINT FULL NAME Joseph O. Derenbecher

3. (b) If veteran, name war

3. (c) Social Security No. 492-03-0337

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Nov. (Month) 10 (Day) 1900 (Year)

8. AGE: Years 44 Months 6 Days 2 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Book-keeper

11. Industry or business Otis Elevator Co.

FATHER
12. Name Edward Derenbecher
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Weber
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Edna Derenbecher
(b) Address 3626 Gasconade St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Walter Helderle
(b) Address 3634 Gravois Ave.

19. (a) MAY 15 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1945 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 17, 1945, to May 12, 1945, that I last saw him alive on May 12, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Obstruction due to Carcinoma of Colon advanced at Recto-Sigmoid	?
Due to Junction	
Due to Broncho Pneumonia	2 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Colon
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. Lewis Hutton (M. D. or other) M. D.
Address 3606 Gravois Date signed 5/14/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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 this body is not embalmed, fact should be so stated above.