

FILED SEP 24 1946

Primary Registration District No. 3066

Registrar's No. 1899

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No 224 N. Sappington Rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Clarence Derrick Jr.

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 8th, 1929
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>2</u>	<u>4</u>	hr. min.

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

10. Usual occupation At School

11. Industry or business

MOTHER FATHER

12. Name Albert G. Derrick

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ragan

15. Birthplace Thibodaux Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Derrick

(b) Address 224 N. Sappington Rd.

17. (a) Burial (b) Date thereof Sep't 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Parker Undertaking Co
(b) Address Webster Groves Mo.

19. (a) 9-14-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12
year 46 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death crushing head & chest injuries while occupant of an automobile which overturned

Due to
Due to 1700

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
XXXXXX

Duration

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) Accident 125

(b) Date of occurrence Sept. 12, 1946.

(c) Where did injury occur? Kirkwood, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Road

(e) While at work? (Specify type of place) Blunt impact
(f) Means of injury

23. Signature [Signature] XXXXXX
Address Clayton, Mo. Coroner
Date signed 9/12/46

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Leslie Welch

Licensed Embalmer No.

4395

P. O. Address

Whiter Groves

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.