

S. No. 2
1-12-45
7. 5-17-39
X 47070

FILED MAR 11 1947

318

Primary Registration District No. _____

1003

Registrar's No. _____

1960

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2326 Hickory ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 2200
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2326 HICKORY ST.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME NEWTON DERICKSON

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAUDE DERICKSON 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased NOVEMBER 7 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>3</u>	<u>16</u>	hr. min.

9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation GRINDER

11. Industry or business FOUNDRY

12. Name JOHN DERICKSON

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

14. Maiden name JULIA SANSEE

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

16. (a) Informant Mrs Maude Derickson
(b) Address 2326 Hickory ST.

17. (a) RURAL (b) Date thereof FEB. 26-47
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director E. J. Schurer.
(b) Address 3125 Lafayette Ave

19. (a) FEB 26 1947 (b) G. F. Brediek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1947 hour 2 minute 45p M.

21. I hereby certify that I attended the deceased from Feb 5 1947, to 2/23, 47 19____;
that I last saw him alive on 2/22, 47 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature L R Wenkel (M. D. or other) M.D.
Address 2726 Chestnut Date signed 2/25/47

Duration

17da

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Joseph B. Hollman

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave 4 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.