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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

38029
State File No.
9834
Registrar's No.

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Calvin Derrick
3. (b) If veteran, name war None
3. (c) Social Security No. 488-07-8100

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zana Derrick
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased March 20, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 22 hr. min.

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

10. Usual occupation Machinist

11. Industry or business International Shoe Co.

12. Name Calvin Derrick

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

14. Maiden name Nancy Felker

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

16. (a) Informant Mrs. Zana Derrick

(b) Address 6913 Normandale Drive

17. (a) Burial (b) Date thereof 11-15-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Burial

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue

19. (a) NOV 12 1948 (b) J. B. Lantier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Velva Villiage
(If outside city or town limits, write "RURAL")
(d) Street No. 6913 Normandale Drive
(If rural, give location)
(e) None foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11
year 1948 hour 1 minute 15 P.M.
21. I hereby certify that I attended the deceased from November 2
1948 to November 11, 19 48
that I last saw him alive on November 11, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure and cachexia
Duration _____

Due to Primary carcinoma of the trachea

Due to _____

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

Major findings:
Of operations _____
Of autopsy None performed
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? Park

While at work? _____ (Specify type of place)
(e) Means of injury D

23. Signature FR Bradley (M. D. or other) _____

Address Barnes Hospital Date signed 11/17/48

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

MOTHER FATHER

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

Clement McKeay

Licensed Embalmer No. *3732*

P. O. Address

St. Louis

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.