

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 18115  
4556  
Registrar's No.

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place)		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 1416a Hebert St	
3. NAME OF DECEASED a. (First) Irvin		b. (Middle) William	
c. (Last) Derby		4. DATE OF DEATH (Month) (Day) (Year) 5 20 50	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 18-1912
9. AGE (In years last birthday) 37		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Shapleigh Hdw.	11. BIRTHPLACE (State or foreign country) St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Phil Derby		13b. MOTHER'S MAIDEN NAME Elizabeth Holtrup	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 2nd		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Philip Derby 4407 Blair Ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <del>Perforated</del> Generalized Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforated peptic ulcer DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Delirium Tremens.	
INTERVAL BETWEEN ONSET AND DEATH 4 days		4 days	
3 days			
19a. DATE OF OPERATION 5/16/50	19b. MAJOR FINDINGS OF OPERATION Perforated pyloric ulcer.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE NO.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5/16/50	
22. I hereby certify that I attended the deceased from 5/16, 1950, to 5/20, 1950, that I last saw the deceased alive on 5/20, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Jim Schneider		23b. ADDRESS 4500 Olive	23c. DATE SIGNED 5/22/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-24-1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
DATE REC'D BY LOCAL REG. MAY 23 1950	REGISTRAR'S SIGNATURE J. B. Looster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner U. 2223 St. Louis Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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

0361 I 700

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *John P. Buchholz*.....

Licensed Embalmer No. *1674*.....

P. O. Address *2223 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.