

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32161

State File No.

FILED SEP 28 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3184

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sappington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sappington</u> <u>4830</u>	
c. LENGTH OF STAY (in this place) <u>Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Box 2147 Sappington Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P. O. Box 2147 Sappington Rd.</u>			

3. NAME OF DECEASED a. (First) <u>Dora</u> b. (Middle) <u>Derenbecher</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17 1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>Feb. 17th, 1880</u>		9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR Months _____ Days _____		10. IF UNDER 4 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>George Helfert</u>		13b. MOTHER'S MAIDEN NAME <u>Sophie Hunkler</u>		14. NAME OF HUSBAND OR WIFE <u>Jos. Derenbecher (Deceased)</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Derenbecher</u> ADDRESS <u>221 Spear St. Kirkwood 23 Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of rectum</u>				<u>1 year</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>154X</u>				<u>2 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>old age</u>							

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Colostomy at St. Louis County Hospital 8 mos prior to death</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____	

22. I hereby certify that I attended the deceased from March, 1949, to 7 September, 1951, that I last saw the deceased alive on 9-10, 1951, and that death occurred at 8:05 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Maximilian Weitman M.D.</u>		23b. ADDRESS <u>3530 ARSENAL, St. Louis</u>		23c. DATE SIGNED <u>9-18-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 20th, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Cemetery Sappington</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co.</u>	
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DATE REC'D BY LOCAL REG. <u>9-19-51</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Donker McManey & Kleidermuller</u>		FUNERAL DIRECTOR'S SIGNATURE <u>6203 Travis St. Louis Mo</u>	
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. 4108

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.