

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

16559

State File No.

V. S. No. 300
REV. 10-48

4000

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1106

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 township) OR TOWN <u>Florissant</u>	c. LENGTH OF STAY (in this place) <u>Life-94</u>	c. CITY OR TOWN <u>Florissant</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 2 - Box 47</u>		e. STREET ADDRESS (If rural, give location) <u>Route #2, Box #47</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HERMAN</u>	b. (Middle) <u>BERNARD</u>	c. (Last) <u>DERHAKE, SR.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 17, 1869</u>	9. AGE (In years last birthday) <u>84</u>	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 HR. Hours	if UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self-Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Florissant, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Herman Derhake</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hollander</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Brueggen Derhake</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herman Derhake, Jr. Florissant, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1-10 min - 20 yrs -</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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? <u>D.</u>
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22. I hereby certify that I attended the deceased from 7-20, 1953, to 4-16, 1953, that I last saw the deceased alive on 3-20, 1953, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Weaver</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>40 W. Florissant</u>	23c. DATE SIGNED <u>4-17-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/20/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Florissant, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-17-53</u>	REGISTRAR'S SIGNATURE <u>Hester R. Drake - M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE CHAPEL</u> ADDRESS <u>FERGUSON, MISSOURI</u>
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WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

p.t. (Licensed Embalmer's Statement on Reverse Side)

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.....#####.....
Signature of Student Embalmer

Signed.....Eleanor Province.....

Licensed Embalmer No. 3403.....

P. O. Address Jennings, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.