

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9977

FILED MAR 19 1954

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State File No.

2317

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 <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>124 Rankin Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>124 Rankin Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) <u>A.</u>		c. (Last) <u>Derrig</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1954</u>
5. SEX <u>F.</u>	6. COLOR OR RACE _____	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH _____		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life (If retired)) _____	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State of Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John Derrig</u>			13b. MOTHER'S MAIDEN NAME <u>Hannah Flanagan</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas M. Brady, Public Administrator</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) _____	MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>typhoid, typhitis, Bilateral</u>	INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>						
*This does not mean the mode of entry, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
Morbid conditions; if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Cystitis, Scurvy</u>						
	DUE TO (c) <u>Fracture hip - non union</u>						
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>10-30-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture, neck of hip - healed & later prosthesis</u>						
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>St. Louis Mo</u>		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 29 51 ?</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>605X</u>				
22. I hereby certify that I attended the deceased from <u>Oct 27</u> , 19 <u>51</u> , to <u>March 7, 1954</u> , that I last saw the deceased alive on <u>15 Feb</u> , 19 <u>54</u> , and that death occurred at <u>8:40 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Brady & Hawke M.D.</u>			23b. ADDRESS <u>4660 Maryland St. St. Louis, Mo.</u>			23c. DATE SIGNED <u>10 March 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>MAR 12 1954</u>	REGISTRAR'S SIGNATURE _____		FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd.</u>		

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

Handwritten notes:
1951
1954
1954
1954

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 *Francis Williamson*.....

Licensed Embalmer No. *356*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.