

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030732

STATE FILE NUMBER

Registration District No. **317** Primary Registration District No. **541** Registrar's No. **2006**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59
1 **4002**
2 **4006**
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DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.

FILED JUL 22 1963

1. PLACE OF DEATH
a. COUNTY **St. Louis**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Clayton** Length of stay in 1b **1 1/2 hours**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis County Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **St. Louis**
c. CITY OR TOWN **University City** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **6312 Pershing Ave.** Reside on Farm Yes No

3. NAME OF DECEASED First **FRED** Middle **COX** Last **DERRICKSON** 4. DATE OF DEATH Month **June** Day **20** Year **1963**

5. SEX **Male** 6. COLOR OR RACE **W.** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **7/19/1947** 9. AGE (last birthday) **15** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Student** 10b. KIND OF BUSINESS OR INDUSTRY **School** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Howard S. Derrickson** 13b. MOTHER'S MAIDEN NAME **Winifred Cox** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. 17. INFORMANT Address **Mr. Howard S. Derrickson 6312 Pershing**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Drowning**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **Drowning**

20c. TIME OF INJURY Hour **4:15** Minute **15** Month, Day, Year **6/20/63**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Pool, Francis Field House, Washington** 20f. CITY, TOWN, OR LOCATION COUNTY STATE **St. Louis Missouri**

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **6:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Raymond Hain** 22b. ADDRESS **Coroner Clayton, Missouri** 22c. DATE SIGNED **6/27/63**

23a. BURIAL, CREMATION (Specify) **Cremation** 23b. DATE **June 22, 1963** 23c. NAME OF CEMETERY OR CREMATORY **Valhalla Crematory** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Alexander & Sons 6175 Delmar Blvd.** 25. DATE RECD. BY LOCAL REG. **6-24-63** 26. REGISTRAR'S SIGNATURE **John M. Murphy M.D.**

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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No. 1000
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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,

for by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon S. Vedder

Licensed Embalmer, No. 5031

P.O. Address 6175 Delmar
St. Louis 12, 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.

Embalmed by _____
Date _____
City _____