

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

OCT 11 1934

34544

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1008**  
City **St. Louis** (No. **Joseph, Home Hospital**) St. .... Ward)

File No. ....  
Registered No. **9351**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **2920 Rutger** St., ..... Ward. .... (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. **18** da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept 4 - 34</b>		
7. AGE YEARS	MONTHS	DAYS
		<b>18</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<b>none</b>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<b>none</b>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Mo</b>		
13. NAME <b>Robert Darnell</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Mo</b>		
15. MAIDEN NAME <b>Rora O'Leary</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Mo</b>		
17. INFORMANT <b>Rora Darnell</b> (ADDRESS) <b>2920 Rutger St</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Cabary</b> DATE <b>Sept. 24, 34</b>		
19. UNDERTAKER <b>Wm. M. O'Connell</b> (ADDRESS) <b>1924 1/2 Bradley</b>		
20. FILED <b>SEP 25 1934</b> REGISTRAR <b>J. Brebeck</b>		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 22, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **9/1/34** to **9-22-34**, 19**34**

I last saw him alive on **9/22**, 19**34** Death is said to have occurred on the date stated above, at **10:00** a.m.

The principal cause of death and related causes of importance were as follows:  
**Entero-Catarrh**

**Bronchopneumonia (terminal)**

Other contributory causes of importance:  
**1886 1196**

Name of operation..... Date of.....  
What test confirmed diagnosis **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify.....  
(Signed) **J. A. Brown**, M. D.  
(Address) **1505 So. Jefferson Ave**

Date of onset  
**9/1/34**  
**9/22**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. F. Olivia Sr.