

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

Do not use this space.

APR 25 1936

1. PLACE OF DEATH.

County St. Louis County
Township Central
City (No. St. Vincent's Sanitarium)

Registration District No. 789
Primary Registration District No. 6033
St. Vincent's Sanitarium

File No. 12312
Registered No. 91
St. _____ Ward)

2. FULL NAME.

Mrs. Anna T. Darley

(a) Residence, No. St. Vincent Sanitarium Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 31 yrs. 7 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Darley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1873</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>11</u>	DAYS <u>✓</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	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)
Chicago Illinois

13. NAME
Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
4

15. MAIDEN NAME
Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
4

17. INFORMANT Sister Mary Irene, Secretary
(ADDRESS) St. Vincent's Sanitarium

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago Ill DATE 3-21- 1936

19. UNDERTAKER Challent Kelly
(ADDRESS) 1476 N. Taylor

20. FILED 3-20 1936 W. B. Bachner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 / 19 / 1936

22. I HEREBY CERTIFY, That I attended deceased from 3 / 1 / 1936, 1936, to 3 / 19 / 1936
I last saw her alive on 3 / 19 / 36, 1936. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Branchial pneumonia followed by cardiac failure with passive congestion of lungs.

Date of onset

Other contributory causes of importance:

manic depressive

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 1936
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) W. B. Patton, M. D.
(Address) St. Vincent's Sanitarium

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.

