

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.

NOV 13 1939

791

Registration District No. _____ Primary Registration District No. _____

Registrar's No. 8484

1. PLACE OF DEATH: 1003
 (a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Enroute to Homer Phillips
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 25
 (If outside city or town limits, write "RURAL")
 (d) Street No. #35 So. 25th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Sarah Darby 610
 (b) If veteran, name war _____ (c) Social Security No. 492-01-2418

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 27th
 year 1939 hour 1:30 minute A. M.

4. Sex Female 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Robert Thornton 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased Feb. 7 1898
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
Pyonephritis; non Calculus
Acute Endocarditis; Rheumatic

8. AGE: Years	Months	Days	If less than one day
<u>41</u>	<u>7</u>	<u>20</u>	_____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace New Franklin Missouri
 (City, town, or county) (State or foreign country)

Other conditions _____
 (Include pregnancy within 3 months of death) 33a

10. Usual occupation Maid

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business Warwick Hotel
 MOTHER FATHER {
 12. Name Albert Darby
 13. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Mattie Gunn
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Rosetta Williams
 (b) Address 1726 Linden Street

While at work? _____ (Specify type of place) (b) Month of injury _____

17. (a) Burial (b) Date thereof Oct. 3, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature Alfred Thomas (M. D. or other) _____
 Address Deputy Coroner Date signed 10-3-39

(c) Place: burial or cremation Washington Park
 18. (a) Signature of funeral director Metropolitan Funeral Home
 (b) Address 3028 Dickson St
 19. (a) OCT 3 1939 (Date received local registrar)
J. F. Brudick (Registrar's signature)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson

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 this body is not embalmed, above space should be left blank.