

Registration District No. **791**

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County **St. Louis** **3**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Essante City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **25 hrs** (Specify whether years, months or days)  
In this community **65 d**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis** **19**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7351 1/2 Maryland**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Noah DARNELL**

3. (b) If veteran, name war **nil** 3. (c) Social Security No. **nil**

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 7 1886**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **1** Days **27** If less than one day hr. min.

9. Birthplace **Wayne County Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **upholster**

11. Industry or business **own business**

12. Name **William N Darnell**

18. Birthplace **Glouster Ky.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Welle G. Glouster**

15. Birthplace **Ripley County Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Catherine Boone**

(b) Address **4351 1/2 Maryland**

17. (a) **Burial** (b) Date thereof **6 6 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cem**

18. (a) Signature of funeral director **Wm. L. Miller**  
(b) Address **4259 Linden**

19. (a) **JUN 4 1940** (b) **J. F. Bredeck**  
(Received and recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3**  
year **1940** hour **9** minute **40 A.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
(that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **gun shot wound**  
**no night temple self inflicted**  
**in the neighborhood of**  
**at 16 N. Kentucky Street**  
**on June 3 1940 about**  
**Due to 9:40 A.M.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **16**

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **suicide**

(b) Date of occurrence **June 3 1940**

(c) Where did injury occur? **St. Louis Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**17 Home**

While at work? \_\_\_\_\_ (Specify type of place)  
(If Means of injury **gun shot**

23. Signature **Alfred J. Egan** (M. D. or other)  
Address **Deputy Coroner** Date signed **6/4/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, or by.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed

*Howard P. Row*  
.....  
Licensed Embalmer No. *3114*

P. O. Address.....

**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.**