

S. No. 2  
M-5-42  
v. 5-17-39  
X32073

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38624

FILED JAN 13 1943

318

Primary Registration District No.

Registrar's No.

10968

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 days (Specify whether  
In this community 3 years years, months or days)

3. (a) PRINT FULL NAME Anthony Darris

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced, widow  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 1960  
7. Birth date of deceased OCT 31 1960  
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Greenville Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laboier

11. Industry or business

MOTHER FATHER  
12. Name Sdml Darris  
13. Birthplace Mansfield Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Natica Napoleon  
(b) Address 1421 Cass Ave

17. (a) Removal (b) Date thereof 12-31-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenville Miss

18. (a) Signature of funeral director Ellis Fun Home  
(b) Address 2820 S Todd St

19. (a) DEC 29 1942 (b) J. J. Bradeak  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis 9 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1421 Cass  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24,  
year 1942 hour 9 minute 05 P. M.

21. I hereby certify that I attended the deceased from December  
5, 1942 to December 24, 1942  
that I last saw him alive on December 24, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Thermal Gangrene of both lower ex-  
tremities  
Uremia Duration abt. 2 wks

Due to

Due to

Other conditions Senility 18 2 Unk.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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?

(Specify type of place)  
While at work? (e) Means of injury

23. Signature C. R. Jernigan (M. D. or other)  
Address 2601 Whittier Date signed 12/28/42

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

**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 L. Boykin

....., Registered Apprentice No. M

working under my personal supervision.

Signed Lomnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis 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 this body is not embalmed, fact should be so stated above.**