

**DECEASED** AUG 7 1943

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **City of St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**2000 Longfellow Blvd./**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community **77 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **11**

(c) City or town **City of St. Louis** **9 17**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2000 Longfellow Blvd.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Fred E. A. Darr**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Emma Darr**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec. 9 1865**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**77 7 20** hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Contractor**

11. Industry or business \_\_\_\_\_

12. Name **Fred Darr**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Fischer**

15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address **2000 Longfellow Blvd.**

17. (a) **burial** (b) Date thereof **7-31-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 South Grand Blvd.**

19. (a) \_\_\_\_\_ (b) **J. F. Bredeck**  
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29**  
year **1943** hour **7** minute **a** M.

21. I hereby certify that I attended the deceased from **JAN. 8 1943** to **JULY 29 1943**  
that I last saw him alive on **JULY 27 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure**

Due to **Chronic Myocarditis**

Due to **Arterio Sclerosis, Hypertension, & Aneurysm**

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Duration **fulfiller**

Local **flour**

Unknown

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? \_\_\_\_\_

23. Signatur **Arnold Klein** (M. D. or other) **MD**  
Address **2622 S. Kirkham Ave** Date signed **7/30/43**

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Frank Ludwig*

Licensed Embalmer No. *2504*

P. O. Address.....

*6377 S. Grand*

**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.**