

No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28574**  
Registrar's No. **2292**

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 **St. Louis**

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

(c) Name of hospital or institution:  
**Honer G Phillips Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **13 days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Varrie Darrample**

3. (b) If veteran, name war **No**

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

4. Sex **Fem** 2

5. Color or race **Col**

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

6. (b) Name of husband or wife **Louis Darrample**

6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **Abt. 5-1892**  
(Month) (Day) (Year)

8. AGE: **54** Years Months Days If less than one day  
**Abt 1892** hr. min.

9. Birthplace **Marshall Texas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business

MOTHER FATHER

12. Name **Allen Crenshaw**

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

14. Maiden name **Varrie (Unk)**

15. Birthplace **Houston Texas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jesse Butler**

(b) Address **2011a Biddle St.**

17. (a) **Removal** (b) Date thereof **AUG 22 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **E. St. Louis, Ill**

18. (a) Signature of funeral director **R. M. C. Green**

(b) Address **3517 Laclede Avenue**

19. (a) **AUG 22 1946** (b) **J. F. Bredest**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **108 S Theresa**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **18**  
year **1946** hour **8** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **Aug. 5** 19**46** to **Aug. 18** 19**46**  
that I last saw her alive on **August 18** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease with Decompensation**

Due to

Due to

Other conditions **None**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy **No**

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

Where did injury occur? **At home**  
(City or town) (County) (State)

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

23. Signature **E. B. Williams** (M. D. or other)  
Address **2607 N. Wheeler** Date signed **8/19/46**

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

Melvin Edward Green, Registered Apprentice No. 383  
working under my personal supervision.

Signed

C. J. Nash

Licensed Embalmer No.

2432

P. O. Address

3847 Duquesne Blvd

**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.