

S. No. 2
M-5-43
5-17-39
I X38875

FILED SEP 31 1946
Registration District No. _____

Primary Registration District No. _____

State File No. _____
Registrar's No. 8025

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 days
(Specify whether years, months or days)

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. 2625 rear Lawton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Viola Darrow
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex 73 5. Color or race Col 6. (a) Single, widowed, married, divorced unk
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 14
year 1946 hour 10 minute 25 P. M.
21. I hereby certify that I attended the deceased from Aug. 5, 1946, to Sept. 14, 1946,
that I last saw her alive on Sept. 14, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
about 30 hr. min.

Immediate cause of death:
Tuberculous Peritonitis
lung not affected
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace Warren, Ark.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy No
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housework
11. Industry or business _____
MOTHER FATHER {
12. Name unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Beril Pittman
(b) Address 2116 Eugenia
17. (a) Ship (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Warren, Ark.

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? _____

18. (a) Signature of funeral director A. J. Beard
(b) Address 2726 Sycamore
19. (a) SEP 17 1946 (b) J. F. Bredick (Registrar's signature)
(Date received local report)

23. Signature C. B. Williams (M. D. or other) _____
Address 2601 N Whittier Date signed 9/17/46

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.....

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

Signed.....

Spencer B. Wadsworth

Licensed Embalmer No.....

4341

P. O. Address.....

St. Louis 13 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.