No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

6249

State File No. .....

FILED MAR 11 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2112

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

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: 4503 Magnolia Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4503 Magnolia Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? 17 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Rose A. Darr
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John M. Darr
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Apr. (Month) 12 (Day) 1890 (Year)

8. AGE: Years 57 Months 10 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Home
11. Industry or business .....

FATHER
12. Name George Sutz 4
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Theresa Jacoby 4
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant John M. Darr
(b) Address 4503 Magnolia
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 3-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Mausoleum
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) MAR 1 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1948 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from Dec - 1946 to 2-28 1948
that I last saw her alive on 2-28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Teratoma in chest
Malignant invasion
Due to of essential structures
Due to .....
Other conditions 55
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause of 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) 0
While at work? — (e) Means of injury .....
23. Signature W Kenty (M. D. or other) MD
Address 4155 Lister Bldg Date signed 3-1-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

(3-1)

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 Warren A Carver

Licensed Embalmer No. 3534

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, fact should be so stated above.