

No. 300
 10-48
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

XC-27 750-32
 FILED 26 1950
 Reg.# 80047

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 35703
 Registrar's No. 2515

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2515</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAYTON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS,</u>		c. LENGTH OF STAY (in this place) <u>13 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		4472 1		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>6324 Southwood</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>M.</u>		c. (Last) <u>DARMADY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 16, 1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>9-23-03</u>		
9. AGE (In years last birthday) <u>47</u>		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 Mtn. Hours Mtn.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. 0</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>								
13a. FATHER'S NAME <u>MARTIN DARMADY</u>			13b. MOTHER'S MAIDEN NAME <u>CLARA STEPHENS</u>			14. NAME OF HUSBAND OR WIFE <u>FLORENCE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>			16. SOCIAL SECURITY NO. <u>497 012 224</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>PULMONARY EMPHYSEMA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5020</u>
				ANTECEDENT CAUSES DUE TO (b) <u>ASTHMA</u>				
				DUE TO (c) <u>BRONCHITIS</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>HYPERTENSIVE CARDIO-VASCULAR DISEASE</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5020</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>10-3-50</u> , 19 <u>50</u> , to <u>10-16-50</u> , 19 <u>50</u> , that I last saw the deceased <u>at VA Hospital, Jeff. Brks, Mo.</u> , and that death occurred at <u>9:05A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>VA HOSPITAL, JEFF. BRKS, MO.</u>		23c. DATE SIGNED <u>10-16-50</u>		
24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 19-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-18-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BOCKLAGE FUNERAL HOME, 6536 Clayton Rd.</u>				

RWR (Licensed Embalmer's Statement on Reverse Side)

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~~ *Me*

working under my personal supervision.

Student Embalmer No.....

Signed *Elton H. Remelius*

Signed.....
Student Embalmer

Licensed Embalmer No. *4283*

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.