

No. 300
10.48

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 12 1952 79327
BIRTH NO. ... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10864

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

| | | | |
|---|------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | c. LENGTH OF STAY (In this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2109 | |
| | | d. STREET ADDRESS (If rural, give location) 10 4461 Elmbank Avenue | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| a. (First) Darden | | b. (Middle) | |
| c. (Last) | | November 2 1952 | |
| 5. SEX Male 2 | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH November 2 1952 |
| 9. AGE (In years last birthday) | | 10. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no | | no | St Louis Missouri 0 |
| 12. CITIZEN OF WHAT COUNTRY? no | | | |
| 13a. FATHER'S NAME Isaac Lee Darden | | 13b. MOTHER'S MAIDEN NAME Minnie Stubbs | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. no | |
| 17. INFORMANT'S SIGNATURE OR NAME Isaac & Minnie Darden | | ADDRESS 4461 Elmbank Ave | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. atelectasis | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Difficult frank breech delivery; diffuse myomata uteri | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE | | 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) m. | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 7620 | |
| 22. I hereby certify that I attended the deceased from November 2 1952, to November 2 1952, that I last saw the deceased alive on November 2 1952, and that death occurred at 3:00A.M., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Merian M. Pennoque MD | | 23b. ADDRESS 630 S. Kingshighway | |
| 23c. DATE SIGNED 11-6-52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) 11-29-52 | | 24b. DATE | |
| 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. NOV 26 1952 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland, 4104 Manchester | |

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_____

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Licensed Embalmer No.....

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.