

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15601**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3518**

FILED APR 18 1953

| | | | | | |
|---|---------------------------|---|---|---|---|
| 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. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2843 Victor Street | | e. STREET ADDRESS (If rural, give location) 23 2843 Victor Street | | 2239 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Agnes b. (Middle) c. (Last) Darnstaedt | | | 4. DATE OF DEATH (Month) (Day) (Year) April 1 1953 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Oct. 17, 1872 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Wittenberg, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Jacob Mueller | | 13b. MOTHER'S MAIDEN NAME Anna Hardung | |
| 14. NAME OF HUSBAND OR WIFE Martin Darnstaedt | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Haacke, 2843 Victor Street | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4201 | |
| 22. I hereby certify that I attended the deceased from <u>3/31</u> , 19 <u>53</u> , to <u>4/1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u> </u> , 19 <u> </u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Ralph Berg</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>3207 1/2 Grand</u> | | 23c. DATE SIGNED <u>4/1/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE April 3, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 3 1953 <u>J. Carl Smith, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H.Inc., 1936 St. Louis, Ave. | |

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

3203 S. Grand
Phone SI 7857

11:30 to 3:30 PM Daily

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 _____
Signature of Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.