

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27585  
7468

FILED SEP 8 1955

State File No. ....  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>10 4527a Natural Bridge Ave. 210/0</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Doyle</b> b. (Middle) <b>D.</b> c. (Last) <b>Darr.</b>			4. DATE OF DEATH <b>August 23, 1955.</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>October 9, 1929.</b>		9. AGE (In years last birthday) <b>25</b> Months <b>10</b> Days <b>14</b>		10. UNDER 1 YEAR OF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police Officer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Officer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ellington, Missouri.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Doyle B. Darr.</b>		13b. MOTHER'S MAIDEN NAME <b>Pearl E. Snider.</b>	
14. NAME OF HUSBAND OR WIFE <b>Evelyn Darr.</b>					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 1951-1953</b>		16. SOCIAL SECURITY NO. <b>192-30-6912</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Evelyn Darr</b> ADDRESS <b>4527a Natural Bridge</b>	
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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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Laceration and Contusion right frontal lobe of Brain; right frontal Hemorrhage; Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Altelectasis (aspiration); suffered due to (c) <b>blow struck by beer barrel that exploded in firing sounds shot about 750 yds., August 23 1955.</b></b></b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., for about home, farm, factory, street, office bldg., etc.) <b>Park</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 23 55 7:50 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E 915:4</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>Patrick P. Taylor Coroner</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>8-25-56.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>August 27, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>					

DATE REC'D BY LOCAL REG. <b>AUG 25 1955</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Beiderwieden F.H. Inc. 1936 St. Louis Ave.</b>	
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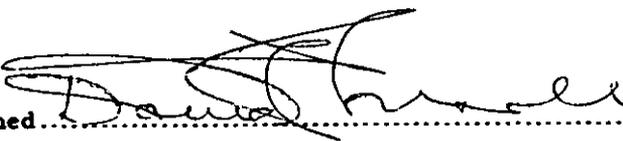
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 30 1956

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.....  


Licensed Embalmer No. 45

P. O. Address H. L. Linn

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.