

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10129

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

3044

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Missouri		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hosp			Length of stay in lb 2069	d. STREET... (If outside, give location) ADDRESS 2848 Semple Ave			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Arthur L. Darby				4. DATE OF DEATH Month 3 Day 26 Year 57			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 23. 1930		9. AGE (In years last birthday) 26 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Alabama /		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Andrew Darby				14. MOTHER'S MAIDEN NAME Odessa Johnson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 265-28-9122	17. INFORMANT Address Leona Mc Gaskill 2848 Semple Ave			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage following stab wound of the left breast and the left subclavian artery; suffered when cut with knife in hand of one George Huddleston. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (a) as above DUE TO (b) as above PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) He came at 2848 Semple Ave. about 545 p.m.							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) March 26th 1957.					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY 545 p. m. 3 26 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home					20e. CITY, TOWN, OR LOCATION St Louis Mo
20f. CITY, TOWN, OR LOCATION St Louis Mo		20g. COUNTY Mo					20h. STATE Mo
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 6:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Joseph M. Quinn			22b. ADDRESS 1300 Clair		22c. DATE SIGNED 3/29/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/2/57	23c. NAME OF CEMETERY OR CREMATORY Oakdale		23d. LOCATION (City, town, or county) (State) 3900 Mt. Olive St. Lemay Mo		
24. FUNERAL DIRECTOR Boyd Bros		ADDRESS 3706 Finney Ave		25. DATE RECD. BY LOCAL REG. MAR 29 '57	26. REGISTRAR'S SIGNATURE Carl Smith Mo		

(Licensed Embalmer's Statement on Reverse Side)

m 86

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Henry C. Williams*.....

Licensed Embalmer No. 4781

P. O. Address 1205 Walton

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.