Health, Welfare Public Service

300 3
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

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18572
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4472

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 38 Enroute Homer Phillips — Length of stay in 1b: 2 10

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3810 Greer — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Mary — Middle — Last Darden
4. DATE OF DEATH: Month 5 — Day 8 — Year 1957
5. SEX: F 3
6. COLOR OR RACE: Col.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct. 9, 1920
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months 4, Days 8 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nil
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Square
14. MOTHER'S MAIDEN NAME: Sarah Garth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Sarah Gilmer — Address: 3810 Greer

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Surgical Shock (Circulatory Collapse)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Contrib:- Guesh at wound of abdomen
DUE TO (c) suffered when deceased shot self

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): in Home on May 8th 1957

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ Open Verdict
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Whether intentional or accidental
20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year: 5 8 57 — could not be determined E919.0
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home 10
20f. CITY, TOWN, OR LOCATION: St Louis Mo — COUNTY: 000 — STATE: 19

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1005 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James M Kelly Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 5-10-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5 13 57
23c. NAME OF CEMETERY OR CREMATORY: Washington Park
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR — ADDRESS: Wright's Funeral Home 3100 Easton, A
25. DATE REC'D BY LOCAL REG.: MAY 10 '57
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. G.P.

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Arthur L. Heilland

Licensed Embalmer No. 42

P. O. Address 3100 Eoo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.