SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3067 STATE FILE NUMBER 61-010648

AMENDED

FILED APR 14 1961

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN St. Louis Mo. Length of stay in Ib 26 Dayes
c. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St
c. CITY OR TOWN St. Louis Mo. Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 4201 Pleasant St. (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First William Middle Henry Last Darrough
4. DATE OF DEATH Month March Day 31 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Apr 27 1882
9. AGE (last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Coal Mine
11. BIRTHPLACE (City and state or country) Pinckneyville Ill
12. CITIZEN OF WHAT COUNTRY U. S. A
13a. FATHER'S NAME Daniel Thomas Darrough
13b. MOTHER'S MAIDEN NAME Ellan Russell
14. NAME OF HUSBAND OR WIFE Dorothy Darrough
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.
17. INFORMANT Dorothy Darraough Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 493x
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-5-61, to 3-31-61 and last saw her him alive on 3-31-61
Death occurred at 6:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R Eugene Holeman MD (Degree or title)
22b. ADDRESS 1515 Lafayette Ave.
22c. DATE SIGNED 3-31-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 3 1961
23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) Lucas Hunt Road St. Louis Co (State)

24. FUNERAL DIRECTOR Bull Campbell Mortuary ADDRESS 5765 Delmar Blvd
25. DATE REC'D BY LOCAL REG. APR - 1 1961
26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED BY AFFIDAVIT OF DOCUMENT

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 Elton R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 7

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.