

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047126

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3458 STATE FILE NUMBER

**FILED DEC 18 1961**

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights Length of stay in 1b Years  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 9007 Stonebridge Dr. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY St. Louis  
 c. CITY OR TOWN Richmond Heights Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 9007 Stonebridge Dr. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Emma Middle M. Last Darr 4. DATE OF DEATH Month Dec. Day 7 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 6-17-1867 9. AGE (last birthday) 94 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Constantine Bilharz 13b. MOTHER'S MAIDEN NAME Emilie Hirschfeld 14. NAME OF HUSBAND OR WIFE Fred E.A. Darr

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. None 17. INFORMANT Viola Grafe, 9007 Stonebridge Dr. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH 5 years  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)     
 DUE TO (c)     
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)     
 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.) None

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 1956 to 12-7-61 and last saw    alive on 12-7-61  
 Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H.A. Bradrick M.D. 22b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Mo. 22c. DATE SIGNED 12-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-9-1961 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR C. R. Lupton & Sons, St. Louis, Mo. ADDRESS    25. DATE RECD. BY LOCAL REG. 12-8-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

Mo. 23300 -  
8:30 TO 9:00 A.M. Feiday  
Collist

DARR.

**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 Clarence A. Murr

Licensed Embalmer No. 4011

P. O. Address St. Louis

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.