

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19101

1. PLACE OF DEATH

County Laclede
Township Boulevard
City St. Louis (No. 307)

Registration District No. 307
Primary Registration District No. 5425

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Katie Darby

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? 61 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF

Gustav Darby

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 22-1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

79

1

1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Muskow

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Muskow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT (Address)

Henry Heimes
Swiss Mo

15.

FILED

6-24-1930

Mrs. J. B. Meyer

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 23rd 1930

17.

I HEREBY CERTIFY, That I attended deceased from April 6th 1925 to June 23rd 1930 that I last saw him alive on June 23rd 1930 and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

97

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY)

Arteriosclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

Paralysis
E. G. Rhodius, M. D.

(Signed) Bay Ma

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Draves, Mo
Mrs. Schaeffing Farm

6/26 1930

20. UNDERTAKER

ADDRESS

Herman Bleumer

Hermann

Mo.

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

