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

Do not use this space.

37317

1. PLACE OF DEATH
County: St Louis — Registration District No. 1129
Township: Carondelet — Primary Registration District No. 6248 G
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 389

2. FULL NAME Richard C Darlow
(a) Residence. No. Pardee Road 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20 – 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	4	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Affton
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Thos K. Darlow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ann Colier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England
(STATE OR COUNTRY)

14. INFORMANT Geo F Wohlschlager
(Address) Affton Mo

15. Nov 24 1930 FILED L. C. Abrook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22nd 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Nov 22, 1930, that I last saw b.l.m. alive on Nov 21, 1930, and that death occurred, on the date stated above, at 3:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
131.2 C
93 C
(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) 4 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. Fowler Spaunhorst M. D.
Nov 22 1930 (Address) Springfield Mo

*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
Park Hill Cemetery	Nov 25 1930
20. UNDERTAKER John G Koch	**ADDRESS** Fulton Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.