WHITE PLANET, 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.

DEC 4 1936

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

DEC 4 1936

Do not use this space.

38923

1. PLACE OF DEATH
County St. Louis, Registration District No. 789
Township Central Primary Registration District No. 6633
City Normandy, Mo. Mother (No. Good Council Home. 6825 Natl Bridge Rd. St. Ward)

File No.
Registered No. 299

2. FULL NAME Julia Darst.
(a) Residence, No. Ferguson, Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James W. Darst.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 17, 1864.
7. AGE: YEARS 72, MONTHS 5, DAYS 0. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Timothy Perkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Connecticut.

MOTHER
15. MAIDEN NAME: Catherine Walter.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa.

17. INFORMANT (ADDRESS): James E. Darst. 4444 Maryland Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Oct. 19, 1936.
19. UNDERTAKER (ADDRESS): Arthur J. Donnelly Undt. Co 3840 Lindell
20. FILED 10-17-1936 H. A. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17th, 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1933 to Oct 16th, 1936
I last saw her alive on Oct 16th, 1936 Death is said to have occurred on the date stated above, at 1.00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
both lungs	

Other contributory causes of importance: Senile debility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. Leggat, M. D.
(Address) Ferguson Mo

25 [illegible] Florissant

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