NOV 4 1936

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

Do not use this space.

39452

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 10491

Township ..... Primary Registration District No. City Hospital No.1 Registered No. 10491

City St. Louis (No. ..... , ... St. ..... Ward)

B. 10295 Daniel Darrow

2. FULL NAME

(a) Residence, No. 1521 a Rear Clinton St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: male.

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: St Margaret

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 30 1858

7. AGE: 78 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Painter, retired

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): Peoria Illinois

FATHER

13. NAME: Daniel Darrow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Calvary DATE Oct 20 1936

19. UNDERTAKER (ADDRESS): Edith E. Armbruster 4234 Manchester Ave

20. FILED ..... , 19 ..... J F Bredeck Registrar.

OCT 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/17/36 , 19

22. I HEREBY CERTIFY, That I attended deceased from 10/11/36 , 19 ..... to 10/17/36 , 19 .....

I last saw him alive on 10/17/36 , 19 ..... Death is said to have occurred on the date stated above, at 2.10 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension heart disease

Date of onset

95

Other contributory causes of importance:

Arteriosclerosis, Genl

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) William S. Friedewald , M. D.

(Address) City Hospital No.1

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.