

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38024**
Registrar's No. **9863**

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH: **1008** **2**
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6641 Garner Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
In this community **3 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **4**
(If outside city or town limits, write "RURAL")
(d) Street No. **6641 Garner Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **28 YEARS** years.

3. (a) PRINT FULL NAME **Enoch M. Darbey** **610**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**
4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Martha Jane Darbey** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 31, 1874**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **19**
year **1939** hour **2** minute **45 P. M.**
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

8. AGE: Years Months Days If less than one day
65 **5** **18** hr. _____ min.
9. Birthplace **Staffordshire, England**
(City, town, or county) (State or foreign country)
10. Usual occupation **Storekeeper**
11. Industry or business **Railroad**
MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Due to **Chronic Dehydration**
Chronic Dehydration
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **946**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature **Loretta Oliver**
(b) Address **5622 Delmar**
17. (a) **Burial** (b) Date thereof **Nov. 22, 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **DeSoto, Missouri**
18. (a) Signature of funeral director **Jay B. Smith**
(b) Address **7456 Manchester**
19. (a) **NOV 20 1939** (b) **J. B. [Signature]**
(Date received local registrar) (Signature of Registrar)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **4**
While at work? _____ (Specify type of place) (Means of injury)
23. Signature **[Signature]** (M. D. or other) _____
Address **[Signature]** Date signed **11.20.39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
Form 1 X1931

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.

MARGIN RESERVED FOR BINDING

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

H. P. Burgess

Licensed Embalmer No.

4029

P. O. Address.....

Maplewood

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 this body is not embalmed, above space should be left blank.