

STANDARD CERTIFICATE OF DEATH

State File No. 30770  
Registrar's No. 8047

791 ]

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1003

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.

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town St. Louis.

(c) Name of hospital or institution: City Infirmery Hospital.  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution September 19, 1940.  
(If not in hospital or institution, write street number or location)

In this community 20yrs.  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Edgar C. Darrow

3. (b) If veteran, name war Unknown.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Ada Kearney Darrow

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 19, 1872  
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Linn Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation No Occupation

11. Industry or business X

MOTHER FATHER { 12. Name William Darrow

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Collins

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Molony

(b) Address 5800 Arsenal St.

17. (a) Removal (b) Date thereof 9-28-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ea. St. Louis Ill.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) 27 1940 (b) J. B. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.

(c) City or town St. Louis. 13  
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Linn Co., Mo.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25,  
year 1940 hour 9:25 minute \_\_\_\_\_ R. A. M.

21. I hereby certify that I attended the deceased from September  
19, 1940 to September 25, 1940.  
that I last saw him alive on September 25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy same

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Geo. S. Boylston (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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**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

*Warren A. Carver*

Licensed Embalmer No.

*3534*

P. O. Address

**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.**