

NOV 16 1940

791

Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(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:  
DEACONESS HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 DAYS  
(Specify whether \_\_\_\_\_)  
In this community 20 years  
years, months or days

3. (a) PRINT FULL NAME MARY RICE DARBY  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife CLIFORD W DARBY  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased NOV 3 - 1857  
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace PITTSFIELD ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name VERBIL RICE  
13. Birthplace VA VIRGINIA  
(City, town, or county) (State or foreign country)  
14. Maiden name ODELINE BROWN  
15. Birthplace PITTSFIELD ILLINOIS  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna N. Brown (Mrs.) C  
(b) Address 781 DuBouche Mo.

17. (a) CREMATION (b) Date thereof OCT. 10-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Parker and Co  
(b) Address WEBSTER GROVES-MO.

19. (a) OCT 9 1940 (b) J. J. Blasko  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County ST LOUIS  
(c) City or town WEBSTER GROVES NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 15 WEST-ROSEMONT  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th  
year 1940 hour 8:00 minute am M.  
21. I hereby certify that I attended the deceased from 10/27/38  
\_\_\_\_\_, 1938 to Oct 8, 1940  
that I last saw her alive on Oct 7 -, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion anterior Duration 20 days

Due to Arterio sclerosis and Hypertension also

Due to Cerebral hemorrhage 2 years

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy no  
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 J. J. Blasko (M. D. or other) \_\_\_\_\_  
Address 17 E. Lockwood Date signed 10/9/40

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.

**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 Lele Aldrich

Licensed Embalmer No. 1332

P. O. Address Orchard Grove, W.

**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.**