

FILED JUN 9 1943 318

Registration District No.

Primary Registration District No. **1003**

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:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 yrs 5 mos 23 das.**
(Specify whether
In this community **22 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3511 Lucas**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

13000
21-17
9
0

3. (a) PRINT FULL NAME **WYLIE DARDEN**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **male** 2 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bessie Darden** 6. (c) Age of husband or wife if alive **2** years **1905**

7. Birth date of deceased **February 2** (Month) (Day) (Year)

8. AGE: Years **38** Months **3** Days **22** If less than one day hr. min.

9. Birthplace **unknown** (City, town, or county) **Miss.** (State or foreign country)

10. Usual occupation **Chauffeur**

11. Industry or business.....

12. Name **Bob Darden**

13. Birthplace **unknown** (City, town, or county) **Miss.** (State or foreign country)

14. Maiden name **Dora Freeman**

15. Birthplace **unknown** (City, town, or county) **Miss.** (State or foreign country)

16. (a) Informant **Shelvia A. Singler**

(b) Address **5400 Arsenal St.**

17. (a) **Antonia Road** (b) Date thereof **5-27-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address **3120**

19. (a) **MAY 28** (b) **1943**
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **24** year **1943** hour **5:08** minute **A** M.

21. I hereby certify that I attended the deceased from **7-1-1936** to **May 24 1943**
that I last saw him alive on **May 24**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Status Epilepticus
Due to **Idiopathic Epilepsy**

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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 **Walter H. Momy** (M.D. or other) **M.P.**
Address **5400 Arsenal St** Date signed **5/25/43**

Duration **5-21-43**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

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, fact should be so stated above.