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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1944

Registration District No. 1378

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1008

State File No. 16276

Registrar's No. 4965

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: 2643 Ann / Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00 11 1 23

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

(d) Street No. 2643 Ann Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME DOROTHY DARR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Denver D? Darr

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July (Month) 31 (Day) 1898 (Year)

8. AGE: Years 46 Months 9 Days 30 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife.

FATHER
12. Name Thomas Eden
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mellie Tennon
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant's own signature Denver D. Darr
(b) Address 2643 ANN Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 31 (Day) /44 (Year)
(c) Place: burial or cremation Mine La Motte Mo.

18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave.

19. (a) MAY 30 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1944 hour 3 00 A.M. minute M.

21. I hereby certify that I attended the deceased from May 24, 1944, to May 29, 1944; that I last saw her alive on May 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Due to

Due to

Other conditions Pathologic fracture left femur
(Include pregnancy within 3 months of death)
Uremia (terminal)

Major findings:
Of operations None

Of autopsy None

Accident from disease

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) Accident

(b) Date of occurrence Jan 1944

(c) Where did injury occur? Barnes Hosp. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature Chas O. Metz (M. D. or other)

Address 3102 Sa Grand Date signed 5/29/44

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan

Licensed Embalmer No. 4342

P. O. Address 2906 Grassia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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