S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 26 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17507

Registrar's No. 4548

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: 5545 Cates 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 Dont Know
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5545 Cates Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Robert Hudson Darst

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) 1865 (Year)

8. AGE: Years 83 | Months Unknown | Days | If less than one day hr. min.

9. Birthplace Dont Know (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired Real Estate

11. Industry or business

FATHER
12. Name James E. Darst
13. Birthplace Dont Know (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Mary Hartnett
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant James Darst
(b) Address 4445 Lindell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J Dermally
(b) Address 3840 Lindell Blvd

19. (a) MAY 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1948 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Apr 15, 1948 to May 15, 1948
that I last saw him alive on May 15, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia (Cerebral Thrombosis)	1 day
Due to Acute Gastro-enteritis	2 wks
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. Wm J. Langan Jr. (M. D. or other)

Address 5803 Clymouth Av Date signed May 15/48

Jefferson City Printing Co.

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Linwood

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.