

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2702 Glasgow Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days) 25 years

In this community \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2702 Glasgow Ave  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Ella Darling

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color of race White

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

6. (b) Name of husband or wife Jesse B. Darling

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

7. Birth date of deceased May 13 1883  
(Month) (Day) (Year)

8. AGE:

|           |          |           |                      |
|-----------|----------|-----------|----------------------|
| Years     | Months   | Days      | If less than one day |
| <u>65</u> | <u>3</u> | <u>10</u> | hr. min.             |

9. Birthplace Coldwater MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name Charles Mathews

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

14. Maiden name Edith Adams  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Christine Darling

(b) Address 2702 Glasgow Ave.

17. (a) Burial (b) Date thereof 8/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Suedmeyer & Son's

(b) Address 3934 N. 20 Stret

19. (a) AUG 25 1948 (b) J. F. Purdek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23  
year 1948 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-29-46  
\_\_\_\_\_ 19\_\_\_\_ to 8-23-48 19\_\_\_\_;

that I last saw him alive on 8-23-48 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Duration 1 1/2 hr.

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

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

Other conditions Coronary sclerosis  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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)

Means of injury \_\_\_\_\_

23. Signature Chas Joseph (M.D. or other)  
Address 3500 N. Grand Date 8-25-48

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. A. Smith

Licensed Embalmer No. 3916

P. O. Address 1103 E. Grand

**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.**