

No. 300  
10-48

FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39368**  
Registrar's No. **2935**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

4000  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BALLWIN</b>		c. LENGTH OF STAY (In this place) <b>6 yrs</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BALLWIN, Mo 4000</b>		d. STREET ADDRESS (If rural, give location) <b>KEHRSMILL RD.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>O.</b> c. (Last) <b>Darnstaedt</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 4 1950</b>
---	--

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Nov. 30-1872</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>FROHNA, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	--

13a. FATHER'S NAME <b>HERMAN WEBER</b>	13b. MOTHER'S MAIDEN NAME <b>PAULINE SCHROEDER</b>	14. NAME OF HUSBAND OR WIFE <b>JOSEPH DARNSTAEDT</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. ADELE ROSSI - BALLWIN, Mo.</b>	ADDRESS <b>BALLWIN, Mo.</b>
--	-------------------------------------	--	-----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>15 days</b>  <b>as long as under my care</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident (most probably - blood clot)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331 X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July**, 19**47**, to **Dec. 4th**, 19**50**, that I last saw the deceased alive on **Dec. 4th**, 19**50**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ralph W. Laffey M.D.</b>	23b. ADDRESS <b>Manchester, Mo.</b>	23c. DATE SIGNED <b>Dec. 5, 1950</b>
--	-------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL - Rm 107</b>	24b. DATE <b>DEC-7-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>TRINITY LUTN.</b>	24d. LOCATION (City, town, or county) (State) <b>ALTENBURG, Mo.</b>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>12/5/50</b>	REGISTRAR'S SIGNATURE <b>Hubert R. Donke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>F. SCHROEDER</b>	ADDRESS <b>FUNERAL HOME, BALLWIN, Mo.</b>
---	--	--	---

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Theo Schrader*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Ballwin, Mo.*

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.