

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4148

State File No. \_\_\_\_\_

No. 300  
10-48

FILED JAN 8 - 1953  
44824

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 547

Registrar's No. 0012

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LEMAY 48807</b>	
c. LENGTH OF STAY (In this place) <b>7 months</b>		d. STREET ADDRESS (If rural, give location) <b>1032 KILNER</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) Charles F. Darby, Jr			4. DATE OF DEATH (Month) (Day) (Year) Jan 3, 1953			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>MAY 20, 1952</b>	9. AGE (In years last birthday) <b>7</b>	IF UNDER 1 YEAR Months <b>13</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>CHARLES F. DARBY, JR.</b>		13b. MOTHER'S MAIDEN NAME <b>LORRIAN WALKER</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</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>CHARLES F. DARBY, JR.</b>	
				ADDRESS <b>1032 KILNER</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital paroxysmal hemorrhage of lung. Myocardial + intermuscular hemorrhage of heart</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause, last. DUE TO (b) <b>Congenital lung cyst, etc.</b>		
	DUE TO (c) <b>Absent at upper lobe lung</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>7590</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan 1, 1952, to Jan 3, 1953, that I last saw the deceased alive on Jan 3, 1953, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

22a. SIGNATURE <b>Salvatore A. Biggio, M.D.</b>		22b. ADDRESS <b>20-Orange Hcp; St Louis</b>		22c. DATE SIGNED <b>1-5-53</b>	
23. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1/7/53</b>		23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEM</b>	
24a. DATE REC'D BY LOCAL REG. <b>1-5-53</b>		REGISTRAR'S SIGNATURE <b>Hester R. Darby, M.D.</b>		24d. LOCATION (City, town, or county) (State) <b>LEMAY</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <b>VND Co.</b>	
				ADDRESS <b>1420 Mich.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

205  
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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ronald O. Yabuoke

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.