

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023938
State File No.

FILED JUL 14 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1626

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Louis County</u>		d. STREET ADDRESS (If rural, give location) <u>5547 Chamberlain</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) FREDERICK b. (Middle) D. c. (Last) DARBY
4. DATE OF DEATH (Month) (Day) (Year)
6 13 1958

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH July 7 1918 9. AGE (In years last birthday) 39 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 WKS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY Country Club
11. BIRTHPLACE (State or foreign country) Chesterfield, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Darby 13b. MOTHER'S MAIDEN NAME Edna Hutt 14. NAME OF HUSBAND OR WIFE Myrtle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW#2
16. SOCIAL SECURITY NO. 495-30-9179
17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Darby ADDRESS 5547 Chamberlain

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. E929.8

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 42 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Meramec River 21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) Mo. (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) June 13, 1958 5:45 p.m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Drowned while swimming in Meramec River near Kirkwood City Water Works

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Coroner 23b. ADDRESS Clayton, Mo. 23c. DATE SIGNED 6/19/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6/18/58 24c. NAME OF CEMETERY OR CREMATORY National Cemetery 24d. LOCATION (City, town, or county) (State) Jefferson Barracks Missouri

DATE REC'D BY LOCAL REG. 6/17/58 REGISTRAR'S SIGNATURE Nehbert R. Danke 25. FUNERAL DIRECTOR'S SIGNATURE GATOS FUNERAL HOME ADDRESS 4107 FINNEY
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Guston Swan

Licensed Embalmer No. 4850

P. O. Address 4107 Finney

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.