

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

43531

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1008
 City St. Louis (No. Home For The Aged)

File No.....
 Registered No. 12832
 St..... Ward.....

2. FULL NAME Thomas Large

(a) Residence, No. 3400 S. Grand Blvd. St. 16 Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Delia Large</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 4, 1856</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>9</u>	DAYS <u>23</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Day Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN).....
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER James Large

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Dont Know

12. MAIDEN NAME OF MOTHER Anna Cruse

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Dont Know

14. INFORMANT Thomas Large
 (Address) 6186 Ethel Ave

15. FILED 29 1928
 REGISTERED W. C. Standen

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1928
 17. I HEREBY CERTIFY That I attended deceased from Dec 11, 1928, to Dec 27, 1928
 that I last saw h. h. alive on Dec 16, 1928, and that death occurred, on the date stated above, at 1 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cushing's Syndrome
non alcoholic
 (duration) yrs. mos. 2 ds.
 CONTRIBUTORY (SECONDARY) Chronic
 (duration) yrs. mos. 29 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) T. G. B..., M. D.
 (Address) 316 S. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Calvary Cemetery</u>	DATE OF BURIAL <u>Dec. 29 1928</u>
20. UNDERTAKER <u>W. C. Standen</u>	ADDRESS <u>2642 Meramec</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

