

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

Do not use this space.

37735

1. PLACE OF DEATH

County.....

Registration District No. **791
1003**

Township.....
City St Louis

Primary Registration District No. City of St Louis

File No.....

Registered No. **10827**

2. FULL NAME

(a) Residence. No. 5044^a Boston St. Ward. 6

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Larkin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 30-1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
43 11 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer). Wholesale Dry Goods
(c) Name of employer. St Louis

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

10. NAME OF FATHER Edward J Larkin

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

12. MAIDEN NAME OF MOTHER Nora Hyde

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

14. INFORMANT Helen Larkin
(Address) 5044^a Boston Ave

15. FILED Nov 17 1935 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1930

17. I HEREBY CERTIFY, That I attended deceased from No (Physician in attendance)

that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... 6:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gunshot Wound of Head

(duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY) Homicide
(duration)..... yrs..... mos..... ds.

18. WHEN WAS DISEASE CONTRAICTED 1917
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS (Signed) J. W. Ferner M.D.
11/17 1930 (Address) Def. Corne

*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 6 ab any DATE OF BURIAL 11-18 1930

20. UNDERTAKER Arthur J Donnelly, 2039 Wash St
ADDRESS

N. E.—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.

