

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

Do not use this space.

11068

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. Alexian Bros Hosp.) File No. .... Registered No. 2088  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3421 - Tennessee Ave 16 St. .... 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 Barbara Larkin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 1871

7. AGE YEARS 61 MONTHS 7 DAYS 29  
 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Park Dept

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Peter Larkin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Barbara Larkin 3421 Tennessee

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Mar 4 1933

19. UNDERTAKER (ADDRESS) Wacker - Beldyle 2371 Broadway

20. FILED Mar - 2 1933 Registrar W. C. Stanley

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1932, to March 1, 1933  
 I last saw him alive on March 1, 1933. Death is said to have occurred on the date stated above, at 6 A m.  
 The principal cause of death and related causes of importance were as follows:

Acute Dental - Sturt Date of onset Jan 27  
59  
131  
95  
59  
 Other contributory causes of importance:  
diabetic mellitus + chronic nephritis

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Chem. + X-ray

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify .....

(Signed) J. W. Smith, M. D.  
 (Address) 3622 So. Bm  
133

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.

183  
31  
22

