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.

MAY 25 1934

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

Do not use this space.

14601

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3787

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis, (No. 3407a Wyoming Street St. ..... Ward)

2. FULL NAME George J. C. Larsen M.D.

(a) Residence, No. 3407a Wyoming Street St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Mabel Larsen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 18th. 1867

7. AGE: YEARS 66 | MONTHS 11 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Denmark

FATHER

13. NAME: George Larsen Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

MOTHER

15. MAIDEN NAME: Not-known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not-known

17. INFORMANT (ADDRESS): Mabel Larsen 3407a Wyoming Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE Apr. 18th 1934

19. UNDERTAKER (ADDRESS): Wm Schumacher 3013 Meramec Street.

20. FILED ..... 19 ..... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1934, to April 15, 1934
I last saw him alive on April 14, 1934. Death is said to have occurred on the date stated above, at 10:15 m. AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3-29-34
107A	

Other contributory causes of importance:
None

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? No.

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? NO.
If so, specify .....
(Signed) Lawrence Schlenker, M. D.
(Address) 3515 S. Grand Bl.
(Lawrence Schlenker)