

APR 9 1935

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

Do not use this space.

11019

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**City..... (No. **20353**)City **North St. Louis**

File No.....

Registered No. **2648**

St. Ward)

2. FULL NAME

(a) Residence, No. **Emely P. Larcher** (Usual place of abode) **City St. Louis** (If nonresident, give city or town and State)Length of residence in city or town where death occurred **40** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 20 1886**7. AGE YEARS **78** MONTHS **9** DAYS **24** If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

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) **Illinois**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**15. MAIDEN NAME **Don't know**

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

17. INFORMANT (ADDRESS) **Mr. Frank Marsh**18. BURIAL, CREMATION, OR REMOVAL **Funerary Home** PLACE **30th Cent Ave** DATE **3/22/35**19. UNDERTAKER (ADDRESS) **SULLIVAN** **3122 Sullivan Ave**20. FILED **MAR 21 1935** **J. Bredbeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/19**, 19**35**22. I HEREBY CERTIFY, That I attended deceased from **3/18**, 19**35**, to **3/19**, 19**35**I last saw him alive on **3/19**, 19**35**. Death is saidto have occurred on the date stated above, at **7:40** pm.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia following intertrochanteric fracture of left femur, result in fall to floor at city infirmary. Date of onsetOther contributory causes of importance: **186**

Name of operation..... 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? **Accident** Date of injury **3/17**, 19**35**Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. **St. Louis Infirmary**Manner of injury **fall**

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **J. Bredbeck**(Address) **3122 Sullivan Ave**

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.

FORM-11-24-33

