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.

APR 25 1936

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

Do not use this space.

13522

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248B

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

File No. — Registered No. 102

2. FULL NAME Henry LARTHRIDGE

(a) Residence, No. 4449 West Belle St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. OVM ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 16, 1893

7. AGE: Years 42 | Months 5 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unav.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis, Tennessee

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT M. Schelly Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks Mo DATE March 14, 1936

19. UNDERTAKER Jas. H. Randle & Son
(ADDRESS) 920 N. Leonard ave

20. FILED Mar 13, 1936 L Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1935, to March 7, 1936
I last saw him alive on March 7, 1936. Death is said to have occurred on the date stated above, at 2:25p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, active, far advanced	Unkn.

Other contributory causes of importance:
None

Name of operation None Date of —
What test confirmed diagnosis? History, physical, x-ray and laboratory findings. 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?
If so, specify

(Signed) C. V. Hughes, M. D.
(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

SEP 22 1944