

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

Do not use this space.

32415

1. PLACE OF DEATH

County SEP 15 1936
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 5350 Cote Brilliant Ave.)

File No.
Registered No. 8236
St. Ward)

2. FULL NAME

Erick P. Larson

(a) Residence, No. 5350 Cote Brilliant St., 6 Ward. (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 Louise Larson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19th, 1862

7. AGE YEARS MONTHS DAYS if LESS than 1 day,hrs. ormin.
74 5 17

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

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

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) Sweden

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT A. F. Larson
(ADDRESS) 2440 Adams St., Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Aug. 8th, 1936

19. UNDERTAKER Drekmann Naval
(ADDRESS) 1905 Union Blvd.

20. FILED AUG 6 1936 J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1933 to Aug 3, 1936

I last saw him alive on Aug 3, 1936 Death is said to have occurred on the date stated above, at 3:45 A.M.

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

Acute dilatation heart
Ch. Myocarditis
Ch. Arterio Sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis Physion 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) L. C. Hercheviller, M. D.
(Address) Metropolitan Bldg

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.

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Metropolitan Photo