

OCT 21 1936

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

Do not use this space. ✓

38935

## 1. PLACE OF DEATH

County St. Louis  
Township Wentz  
City St. Louis

Registration District No. 790  
Primary Registration District No. 60339  
(No. St. Louis County Hospital)

File No. \_\_\_\_\_  
Registered No. 374  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Russell Victor Larkin

(a) Residence, No. 806 Sappington Rd. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence Jeanne Larkin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 11, 1878</u>		
7. AGE	YEARS	MONTHS
	<u>58</u>	<u>8</u>
		DAYS
		<u>20</u>
		If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>printer</u>	
	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) <u>June 1936</u>	11. Total time (years) spent in this occupation <u>life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Scott, Kansas13. NAME Warren Larkin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Scott, Kan15. MAIDEN NAME Estelle Russell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT (ADDRESS) Mrs R. V. Larkin  
806 Sappington Kirkwood18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory 10/3/3619. UNDERTAKER (ADDRESS) Alexander and Sons  
6175 Delmar20. FILED 10/3 1936 Dr. A. J. Squorelli  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/11 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/15 1936, to 10/11 1936  
I last saw him alive on 10/11 1936 Death is said to have occurred on the date stated above, at 9 P. m.  
The principal cause of death and related causes of importance were as follows:

Chr. Inphritis

Date of onset

Unknown

Other contributory causes of importance:

Arteritis InfiltratisName of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) R. J. Schellberg M. D.  
(Address) St. Louis Co. Hosp.  
Clayton Mo.

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. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

