

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County

Registration District No. **791**

File No. **21784**

Township

Primary Registration District No. **1003**

Registered No. **5536**

City **St. Louis, Mo.**

(No. **BARNE'S HOSPITAL**, St. Ward)

2. FULL NAME **METTA LARSEN**

(a) Residence, No. **6411 NORTH DR. St. MR.** Ward. **University City**

(Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 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) **MAY 16, 1886**

7. AGE YEARS **56** MONTHS **57** DAYS **17** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **SALESLADY**
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) **FEB 28 1937** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **DENMARK**

13. NAME **BERTEL LARSEN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **DENMARK**

15. MAIDEN NAME **CHRISTINE PEDERSEN**

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

17. INFORMANT (ADDRESS) **DORA LARSEN 6411 NORTH DR.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **KEOKUK IOWA DATE 6-6 1937**

19. UNDERTAKER (ADDRESS) **ALBERT H. HOPPE INC 429 NO EUCLID AVE**

20. FILED 19 **JUN 4 1937** **J. Bredeck** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 3 1937**

22. I HEREBY CERTIFY, That I attended deceased from **April 15 1937** to **June 3 1937**

I last saw her alive on **June 3 1937**. Death is said to have occurred on the day stated above, at **11:40 a.m.**

The principal cause of death and related causes of importance were as follows:
Carcinoma, generalized Date of onset **Feb 1937**

primary seat in
adrenals

Other contributory causes of importance:
none **53A**

Name of operation **none** Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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 **h**
Nature of injury **h**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....
(Signed) **C. E. Gilliland**, M. D.
(Address) **Metropolitan Bldg St Louis 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.

17 2 56 57 0 17 66 24 24 24

