

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

13042
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis, Mo.
(e) Length of residence in city or town where death occurred

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. City Hospital #1

Registered No. 3646

(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Larry Kent 530

(a) Residence, No. 4010 Olive St. 19
(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/19/1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 4 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as 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) Penn.

FATHER 13. NAME & Solomon Kent.

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

MOTHER 15. MAIDEN NAME & Anna White

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

17. INFORMANT Hosp. info. M. Williams (ADDRESS) City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Hutchinson, Texas DATE 4-14-38 19.

19. FUNERAL DIRECTOR (NAME) Mullen Bros (ADDRESS) 4259 Lindell

20. FILED J. T. Bredel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10/38 19

22. I HEREBY CERTIFY, That I attended deceased from 4/8/38 19, to 4/10/38 19.

I last saw him alive on 4/10/38 19. Death is said to have occurred on the date stated above, at 9:40 A.M.

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

Coronary thrombosis
hypertensive heart disease

Date of onset 4/5/38

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? 710

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 William W. Elf, M. D.
(Address) 1515 Lafayette

APR 13 1938

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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3646

FLB
4 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by *myself*

Registered Apprentice No., working under my personal supervision.

Signed *Wm Rogero*

Licensed Embalmer No. *3905 -*

P. O. Address *St Louis mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.