

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.

23 1938

REC'D SEP 9 1938

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

30036
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township..... Primary Registration District No. 115
(c) City University City (d) Street No. 6544 Crest Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Victoria Larsen
(a) Residence, No. 6544 Crest St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 0 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Canada

FATHER 13. NAME Louis Seiler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

MOTHER 15. MAIDEN NAME Mary Elizabeth Hines

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

17. INFORMANT (ADDRESS) Mrs Mary Hayes
6544 Crest

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Aug. 25, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dickmann-Harsal
1905 Union Blvd.

FILED Aug 23 1938 19 7 R Meyer, M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/22/1938, to 8/23/1938
I last saw h. alive on 8/22/1938. Death is said to have occurred on the date stated above, at 3:30 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Angina Pectoris

Date of onset 8/17/38

Other contributory causes of importance: 94W

Name of operation..... 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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify Richard A. Sutter, M.D.
(Signed) Richard A. Sutter, M.D.

(Address) 707 906 Olive St.

1130-5

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 _____

Registered Apprentice: No. _____, working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address St. Louis

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.