

WRITE PLAINLY—USE EXPANDING BLACK INK—MAKE A PERMANENT RECORD

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.

BUREAU OF THE CENSUS
DEC 13 1939

STANDARD CERTIFICATE OF DEATH

State File No. 37841
Registrar's No. 9680

Registration District No. 1002 Primary Registration District No.

1. PLACE OF DEATH: 2

(a) County _____

(b) City or town St. Louis,

(c) Name of hospital or institution: 5406 Delmar Blvd.,
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(If not in hospital or institution, write street number or location)

In this community Life time. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Daisy Carlisle Larimore,

3. (b) If veteran, name war World War,

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown About 1873
(Month) (Day) (Year)

8. AGE: Years about 66 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Trained nurse

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Larimore,

13. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Betty Carlisle,

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert H. McCurdy

(b) Address 530 N. Union Blvd.

17. (a) Burial (b) Date thereof 11/14/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St.

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19. (a) (Date received local registrar) (b) J. B. [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis, -12-
(If outside city or town limits, write "RURAL")

(d) Street No. 5406 Delmar Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1939 hour 10 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 12
1939 1932, to Nov. 12, 1939

that I last saw her alive on Nov. 9, 1939:
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio + cerebral degeneration; Chronic myocarditis

Due to _____

Due to _____

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration Since 1919

PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter B. [Signature] (M. D. or other) _____
Address 3720 Washington Ave. Date signed Nov. 13

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 *Melvin L. Kemper*

Licensed Embalmer No. *34052*

P. O. Address *362 Olive St.*

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.