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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8241

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 494

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Admitted 2/13/40 (Specify whether years, months or days)

In this community: unkn.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

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

(d) Street No.: 2342 Sulphur Street
(If rural, give location)

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

8. (a) PRINT FULL NAME 640 Larry C. Horrell

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

8. (c) Social Security No. 492-07-5931

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Ethel

6. (c) Age of husband or wife if alive: - 42 years

7. Birth date of deceased: August 3, 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
- 46	7	6	hr. min.

9. Birthplace: Bollinger County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Mechanic turner

11. Industry or business: Manufacturing

FATHER
12. Name: Henry Horrell
13. Birthplace: Perryville Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Menkert
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Clinical Clerk Schelling
(b) Address: Vet. Adm. Fac., Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 12 40 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Peter & St. Paul

18. (a) Signature of funeral director: Wagoner Und. Co
(b) Address: 3621 Olive St.

19. (a) MAR 10 1940 (Date received local registrar) (b) D. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month March day 9th year 1940 hour 9:05 minute a. M.

21. I hereby certify that I attended the deceased from February 13, 1940, to March 9, 1940, that I last saw him alive on March 9, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
~~Lymphatic Leukemia Chronic~~	X
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: None

Of autopsy: Confirmed

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): no
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: C. W. HUGHES, M.D., (M. D. or other)
Address: Chief Medical Officer, Vet. Adm. Fac., Jeff. Bks., Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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, ~~each~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Neville B. Krohwetter

Licensed Embalmer No. 3696

P. O. Address 3621 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.