. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26370

Registration District No. FILED AUG 5 1940 Primary Registration District No. 200 Registrar's No. 1443

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

1. PLACE OF DEATH:

(a) County St. Louis County 2

(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 7/15/40 (Specify whether In this community - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 6706 Myron Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME Royal Benj. Larson 625

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

3. (c) Social Security No. 497-05-9787

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marguerite (c) Age of husband or wife if alive - years

7. Birth date of deceased February (Month) 28, (Day) 1897 (Year)

8. AGE: Years 43 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Scandia, (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Clerk

11. Industry or business Golf Shop 9

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

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

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U & S Co

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) AUG - 1 1940 (Date received local registrar) (b) [signature] (Registrar's signature) 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st year 1940 hour 5:20 minute a. M.

21. I hereby certify that I attended the deceased from July 15, 1940, to July 31, 1940; that I last saw him alive on July 31, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with metastases to liver and mesentery. Duration Unkn.

Due to -

Due to - 46

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations -

Of autopsy An autopsy was performed.

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? [signature] Means of injury

23. Signature C. W. HUGHES, M.D., (M. D. or other) 1

Address Chief Medical Officer. Date signed 7/31/40.

(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, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.