

No. 2  
-10-39  
7-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30092**  
Registrar's No. **7369**

Registration District No. **791** Primary Registration District No. **1003**

FILED OCT 15 1940

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution City Hospital  
(d) Length of stay: In hospital or institution 1  
In this community 1 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mary Larson  
(b) If veteran, name year \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 78 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Sweden (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_  
12. Name unknown  
13. Birthplace " (City, town, or county) (State or foreign country)  
14. Maiden name "  
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Dailey  
(b) Address 6401 Westwood

17. (a) \_\_\_\_\_ (b) Date thereof 8-12-40 (Month) (Day) (Year)  
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Ruben  
(b) Address 3500 Ridge

19. (a) SEP 3 1940 (Date received local registrar) (b) J. D. Burch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis 12  
(d) Street No. 1108th Bayard  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

20. DATE OF DEATH, Month 7 day 31  
year 1940 hour 12<sup>10</sup> minute A M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Stroke  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 191  
Major findings: Of operations 191  
Of autopsy \_\_\_\_\_  
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) (b) Means of injury 5  
23. Signature Joseph M. Dailey (At. U. of other) \_\_\_\_\_  
Address Raymond Dailey

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

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**