. No. 2
—1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20495

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5307

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

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17
9

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4248 Enright /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community unavailable
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1119
(If outside city or town limits, write "RURAL")
(d) Street No. 4248 Enright Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John H. Larkin Jr.

3. (b) If veteran, name war -----

3. (c) Social Security No. None

4. Sex Male 9

5. Color or race Negro

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

6. (b) Name of husband or wife Mary Larkin

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June (Month) 5th (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	0	20	hr. min.

9. Birthplace Aberdeen (City, town, or county) / Mississippi (State or foreign country)

10. Usual occupation None--Blind Pensioner

11. Industry or business

FATHER
12. Name John Larkin
13. Birthplace Aberdeen (City, town, or county) / Mississippi (State or foreign country)

MOTHER
14. Maiden name Frances -- Unavailable
15. Birthplace Aberdeen (City, town, or county) / Mississippi (State or foreign country)

16. (a) Informant Maggie Pye
(b) Address 4248 Enright Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas Gates
(b) Address 4107 Finney Ave.

19. (a) JUN 27 1941 (Date received local registrar) (b) J. V. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1941 hour 12:30 minute P.M.M.

21. I hereby certify that I attended the deceased from 6-17- 1941 to 6-25- 1941; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Renal Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

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

23. Signature G. A. Gaikins (M. D. or other)
Address 3200 Lucus Ave. Date signed 6-26-41

(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 James A. Johnson, Registered Apprentice No. _____ working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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, fact should be so stated above.