

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29990

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7329

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis

(c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Anna Belle Larkin

3. (b) If veteran, name war No.

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 Single

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

7. Birth date of deceased April 18 1926
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 15 | 4 | 21 | hr. min. |

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

10. Usual occupation School Girl

11. Industry or business.....

MOTHER FATHER {

12. Name Ezra Larkin

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

14. Maiden name Myrtle Black

15. Birthplace West Fork Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. N. Larkin

(b) Address Centerville, Mo.

17. (a) Removal (b) Date thereof 9/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP 10 1941 (b) J. Dredel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds

(c) City or town Centerville
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1941 hour 10 minute 10 M.

21. I hereby certify that I attended the deceased from Sept 25 1941 to Sept 9 1941, that I last saw her alive on Sept 9 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease
Myocard degeneration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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?

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

23. Signature Arthur H. Campbell (M. D. or other) D

Address 3746 Grand St. Date signed SEP 10 1941

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

J. Wm. Danby

Licensed Embalmer No. *3653*

P. O. Address *St. Louis Mo*

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.