

FILED MAY 18 1942

Registration District No. 78

Primary Registration District No. 109

Registrar's No. 1045

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
E
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 453 Foreston Place
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lemuel H. Larrabee

3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Mae Larrabee 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased May 21 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>11</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Livery Operator

11. Industry or business _____

12. Name Millard F. Larrabee

13. Birthplace Greenville Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Agnes C. Forester

15. Birthplace Sebastopol Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Mae Larrabee

(b) Address 453 Foreston Pl.

17. (a) Burial (b) Date thereof 5/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director MITTELBERG FUNERAL HOME, INC.
WEBSTER GROVES, MO.

(b) MAY 12 1942

19. (a) _____ (b) C. E. McFarlane
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1942 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to May 11, 1942

that I last saw him alive on May 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary thrombosis / 1 hour

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature E. J. Wellman (M. D. or other) _____

Address 3 W. Big Bend Webster Groves, Mo. Date signed 5/14/42

SEP 23 1942

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 *Albert G. Hoppa*
Licensed Embalmer No. 2971
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, fact should be so stated above.