S. No. 2
—1-4-41
6-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 473

FILED JAN 19 1943

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 148

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: 4225 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 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State (b) County 17

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 4225 Enright (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME AUDREY L. LARKIN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

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

7. Birth date of deceased May (Month) 10 (Day) 1940 (Year)

8. AGE: Years 2 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Arthur Larkin
13. Birthplace Memphis (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Blanche Stephens
15. Birthplace Carkrem (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Arthur Larkin

(b) Address 4225 Enright

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 17 (Day) 43 (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Finney

19. (a) JAN 7 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1943 hour 8 minute 20 P.M.

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

Immediate cause of death Asphyxiation due to a fire of undetermined origin in the home at 4225 Enright

Due to Ave. about 7.50 PM Jan 4 1943 — 22

Due to Damage to bldg $200.00 Contents $28.00

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) Accident

(b) Date of occurrence Jan 4 1943

(c) Where did injury occur? St Louis (City or town) (County) 000 (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Fire

23. Signature Alfred J. Perez (M. D. or other)

Address Oppelt Coron Date signed 1/6/43

(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 S J Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.