

FILED JAN 19 1943 318

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 149

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (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 Enwright 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 0 mos  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis 119  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4225 Enwright  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Doris Ann Larkin  
 3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

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.

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 March 31, 1942  
(Month) (Day) (Year)

Immediate cause of death Asphyxiation due to a fire of undetermined origin in the home at 4225 Enwright Ave. about 7:50 P.M. Jan 4 1943.  
 Due to blowage to Blldg's contents  
42508  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
0 9 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER  
 10. Usual occupation none  
 11. Industry or business \_\_\_\_\_  
 12. Name Arthur Larkin  
 13. Birthplace Memphis Tenn  
(City, town, or county) (State or foreign country)  
 14. Maiden name Blanche Stephens  
 15. Birthplace Brookhaven Mississippi  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Arthur Larkin  
 (b) Address 4225 Enwright  
 17. (a) burial (b) Date thereof 1 7 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Washington Park  
 18. (a) Signature of funeral director Mary Wade  
 (b) Address 4202 Finney Ave  
 19. (a) JAN 7 1943 (b) J.F. Brudeck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify): Accident 000  
 (b) Date of occurrence Jan 4 1943  
 (c) Where did injury occur? St. Louis  
(City or town) (County) (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 \_\_\_\_\_ (e) Means of injury fire  
 23. Signature Alfred G. Perry (M. D. or other)  
 Address St. Louis Date signed 1/6/43

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 *S J Watson*.....

Licensed Embalmer No. *2498*.....

P. O. Address: *2769 Chateau*.....

**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.**