S. No. 2
M—2-43
. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13039

FILED APR 18 1944 318

Registration District No. ____ Primary Registration District No. 1003

Registrar's No. 3514

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: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1mo.24ds. (Specify whether years, months or days)

In this community 55 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060

(c) City or town St. Louis 177
(If outside city or town limits, write "RURAL")

(d) Street No. 5641 Goodfellow 9
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARION LARSEN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife late Martin Larsen

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

7. Birth date of deceased Oct. (Month) 6. (Day) 1888 (Year)

8. AGE: Years 55 | Months 6 | Days 9 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Nil

11. Industry or business ____

MOTHER FATHER

12. Name Jesse Green Kirby

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

14. Maiden name Mary Crosser

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

16. (a) Informant Thelma Singler

(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) APR 1 (Date received local registrar) (b) 1944 J. F. Bradecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1944 hour 10.30 minute a. M.

21. I hereby certify that I attended the deceased from Feb. 21, 1944 to April 15, 1944 that I last saw him alive on Feb. 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes	2/21/44x
Due to	
Due to	
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) ____

(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 Anthony K. Burch, (M. D. or other)

Address 5400 Arsenal Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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. Albert G. Hoppe

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.