

FILED AUG 8 1944

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5517

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

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: Lutheran Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days,
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alfred A. Larkin

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

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth, 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased October 10, 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Man

11. Industry or business Famous-Barr, Co.

MOTHER FATHER

12. Name Don't Know,
13. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know;
15. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Larkin

(b) Address 2909 Osage St.,

17. (a) Removal, (b) Date thereof 7/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) III 28 (b) 1944 J. F. Bredet
(Date received local registrar) (Year) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2909 Osage St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th
year 1944 hour 11: minute 00 A. M.

21. I hereby certify that I attended the deceased from July 25, 1944, to July 27, 1944
that I last saw him alive on July 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Gall bladder disease (stones)

Due to 108

Other conditions 7 by post-tubercular pneumonia
(include pregnancy, within 3 months of death)
following operation on 7/25/44

Major findings: Of operations
Of autopsy
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: J. G. Pienoud (M. D. or other) med
Address: 3115 So Grand Date signed: 7/28/44

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Joe S. Benz

Licensed Embalmer No. 4248

2842 Meramec St.
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.