

U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
FILED SEP 11 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 240

16
1
4

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution; St. Louis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 4 weeks
(Specify whether years, months or days)

In this community all life 5 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5207 Northland Ave
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Ella Johanna Larimer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23
year 45 hour 1 minute 10 a.m.

21. I hereby certify that I attended the deceased from 6-14 1945 to 7-23 1945
that I last saw h. enl alive on 7-22 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race w

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

6. (b) Name of husband or wife Arthur 6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased: March 12 1888
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Breast

Duration _____

Physician [Signature]

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

57 4 11 hr. _____ min.

9. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business J. Schradder

12. Name Antone Larimer

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

14. Maiden name Theda Reine

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

16. (a) Informant Arthur Larimer

(b) Address St. Louis Mo

17. (a) Burial (b) Date thereof 7-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Jac. B. Kamele

(b) Address Cape Girardeau Mo

19. (a) 8-6-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 50

Of autopsy _____

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? _____

23. Signature [Signature] (M. D. or other) [Signature]

Address Cape Girardeau Date signed 8/14/45

RECEIVED

District Health Officer No. 4
District File Number 945-1055
Date Filed 9-8-45

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.