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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 32094

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8787

**1. PLACE OF DEATH:**

(a) County St Louis

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

(c) Name of hospital or institution: Homer G. Phillips (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 15 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County 0.00

(c) City or town ST. LOUIS. (If outside city or town limits, write "RURAL") 21 17

(d) Street No. 202 N Jefferson ave. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Thomas Jefferson Larkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE Years abt 22 Months Unknown Days If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Hannable Larkins
13. Birthplace (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Mary Ewing
15. Birthplace (City, town, or county) Miss (State or foreign country)

16. (a) Informant Hannable Larkins

(b) Address 3029 Rutger St.

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof Oct 12/45 (Month) (Day) (Year)

(c) Place: burial or cremation Aberdeen Miss ~~Memphis Tenn~~

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin ave.

19. (a) OCT 11 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 6 year 1945 hour 8 minute 21 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 Internal hemorrhage gunshot wounds of Aorta and left lung inflicted at the hands of one Willie Frances Tow. (Col) at 202 N. Jefferson Ave. Around 8.20 P.M.

Due to Oct 6, 1945

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) Justifiable Homicide

(b) Date of occurrence Oct 6 1945

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 202 No Jefferson (Specify type of place)

While at work? (e) Means of injury a Gun

23. Signature Alfred Perry (M. D. or other)

Address Clifford Cohen Date signed 10/11/45

(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: F. A. Green

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin av

**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.**