. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22424
Registrar's No. 6046

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester & Macklind Ave. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 18 4393 Chouteau Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PIERRE LARGENTE

3. (b) If veteran, name war World War 1

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Bessie

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Sep. (Month) 29 (Day) 1889 (Year)

8. AGE: Years 57 Months 8 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Laclede Gas Co. 5

MOTHER FATHER

12. Name Jean Baptiste Largente

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

14. Maiden name Margaret McCullop

15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Bessie Largente
(b) Address 4393 Chouteau Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 24 47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JUN 23 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1947 hour 6:50 minute 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: Laceration of Heart
2 Multiple Fractures When
the Automobile in which he was
an Occupant was struck by the
Motor in Passing from the
Angle at Macklind Ave Manchester
Duration

Other conditions (Include pregnancy within 3 months of death): W. Bailey Engineer And
Home Roger Swenson

Major findings: Of operation: Jury Further Recommend
that the Crossing watchman be
Proven more time in which
to turn signal and that gates
Underline cause of death which should be charged statistically

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence June 20 1947
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or public place? Railroad Right of Way (Specify type of place)
While at work? (e) Means of injury as above

23. Signature Patrick E. Taylor Dep Cor 3
Address 1300 Clark Date 6-23-47

PHYSICIAN

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 1984

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 Edwin D. M. Dermott

Licensed Embalmer No. 3024

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.