No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2759
458

FILED JAN 22 1948

Registration District No. 68120 318

Primary Registration District No. 1005

Registrar's No.

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:
St. Louis City Hospital
(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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4168 Botanical 9
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 17

If yes, name country

3. (a) PRINT FULL NAME FERDINAND LARSEN

3. (b) If veteran, name war None

3. (c) Social Security No. 489-22-0001

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gertrude

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 10 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
57	9	3	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Hans Larsen
13. Birthplace Copenhagen 4
(City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Margaret Mohr
15. Birthplace Germany 7
(City, town, or country) (State or foreign country)

16. (a) Informant Mrs. Gertrude Larsen
(b) Address 4168 Botanical

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Provost Mfg. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) JAN 16 1948 (Date received local registrar) J. F. Bridgett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th year 1948 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from 1-6-48 19..., to 1-13-48 19...; that I last saw him alive on 1-13-48 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease	25 yrs
Due to: with acute stenosis	
Due to: Mitral stenosis and	
Other conditions (Include pregnancy within 3 months of death): Mitral insufficiency	

Major findings:
Of operations
Of autopsy Exam

PHYSICIAN
Underline the cause of 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 (Specify type of business) (Specify type of place)

23. Signature Joseph C. V. Bleese (M. D. or other)
Address 1015 Lafayette Date signed 1-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Name

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 Mayfield E.....

Licensed Embalmer No.....3077.....

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.