

FILED JUN 28 1948

Registration District No. **318**

Primary Registration District No. **1003**

State File No. _____

Registrar's No. **5427**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
MISSOURI BAPTIST HOSPITAL 6
(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)

3. (a) PRINT FULL NAME Paulitte Larson

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased 6 12 48
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name William Ward Larson
 { 13. Birthplace Duluth, Minnesota
 { 14. Maiden name Clays M. Baldwin
 { 15. Birthplace St. Louis County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mother

(b) Address 209 Carlson

17. (a) Burial (b) Date thereof 6-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Val Halla Cemetery

18. (a) Signature of funeral director James J. ...

(b) Address 2504 Woodson Rd. Overland Mo

19. (a) JUN 15 1948 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
 (a) State _____ (b) County St. Louis 96
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. 209 Carlson
Mailing Address - 209
Robertson, Missouri
 (e) Citizen of foreign country? N.R. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14
 year 48 hour 4 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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) _____
 (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?

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Hermette Larson (M. D. or other)
 Address 607 N. Grand Ave Date signed 6-14-48

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 3454

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland, 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.