

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 21324  
4918

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2600 Chouteau Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>5084 Minerva Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lester</b> b. (Middle) <b>M.</b> c. (Last) <b>Larrew</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 4 1949</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>10 - 4 - 1908</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>40</b> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Samuel B. Larrew</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Hughes</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ernest Larrew 5084 Minerva Ave</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal and external hemorrhage Compound fracture both legs when struck by automobile driven by Martin Schram in front of 2618 Chouteau Ave around June 4 1949</b> INTERVAL BETWEEN ONSET AND DEATH <b>3:00 am</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>Accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) (STATE) <b>St. Louis Mo 1706</b>	
21d. TIME OF INJURY <b>June 4 49 3:00 P.M.</b>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>21</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3:00 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree of title) <b>Gabriel E Taylor Coronel</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>6-6-49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>6 - 7 - 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo. Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. B. Pasater, Hy. Leidner U 2223 St. Louis Ave.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 6 1949</b>		REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John P. Buchholz  
Licensed Embalmer No. 1674

P. O. Address 2123 St. Louis Ave

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.