

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28892**

BIRTH NO. _____		REG. DIST. NO. <u>517</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1989</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>St. Louis</b>		b. CITY (If outside corporate limits, write RURAL and give town) <b>Jefferson Barracks, Mo.</b>		a. STATE <b>Missouri</b>		b. COUNTY _____	
c. LENGTH OF STAY (in this place) <b>14 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		_____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vet. Adm. Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3737 Westminster</b>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <b>Peter</b>		b. (Middle) <b>N.</b>		c. (Last) <b>LARSEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 16, 1949</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov. 8, 1887</b>	
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Iron Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Philadelphia, Pennsylvania</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Neils Larsen</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Christenson</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>499-03-6416</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Eugene F. Nolan, Registrar</b>		ADDRESS <b>Vet. Adm. Hosp. Jeff. Bks. Mo.</b>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ADENOCARCINOMA OF BRONCHUS</b>				<b>Unknown</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				<b>163X</b>	
19a. DATE OF OPERATION <b>7/12/48</b>		19b. MAJOR FINDINGS OF OPERATION <b>Infiltrating nodular lesion of left upper lobe</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>August 2, 1949</b> , to <b>August 16, 1949</b> , that I last saw the deceased alive on <b>August 16, 1949</b> , and that death occurred at <b>6:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>L.E. Stilwell, M.D.</b>				23b. ADDRESS <b>Chf. Prof. Services Vet. Adm. Hosp. Jeff. Bks. Mo.</b>		23c. DATE SIGNED <b>8/16/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-18-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-17-49</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Helderle U.&amp;L. Co.</b> ADDRESS <b>St. Louis, Mo.</b>			

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

19-C

---

---

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 *Robert Wheeler*

Licensed Embalmer No. *3128*

P. O. Address *Home No.*

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.