

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38963**
Registrar's No. **9511**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY 68	
b. CITY OR TOWN St Louis		c. LENGTH OF STAY (in this place) 1 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL		d. STREET ADDRESS (If rural, give location) 19-3330 S. BROADWAY	
3. NAME OF DECEASED a. (First) JULIUS b. (Middle) W. c. (Last) LARCHER		4. DATE OF DEATH (Month) (Day) (Year) 11-3-49	
5. SEX M	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 2-13-1883
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery	11. BIRTHPLACE (State or foreign country) BELLEVILLE, ILL.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CASPER LARCHER	
13b. MOTHER'S MAIDEN NAME P. Larch		14. NAME OF HUSBAND OR WIFE 1	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-01-6008	
17. INFORMANT'S SIGNATURE OR NAME LENA CALLIER		ADDRESS 4043 A GILES	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured liver; 2c left femur. ANTECEDENT CAUSES Fracture of pelvis, which struck motor cycle operated by one Richard Gluck at Broadway and Hyanning about 11:20 pm Nov 2 1949 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO DUE TO II. OTHER SIGNIFICANT CONDITIONS None Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo. 170			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 2 49 11:20 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? ob 6812 25			
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 12:40 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Patrick E Taylor Coroner		23b. ADDRESS 1300 Oak	
23c. DATE SIGNED 11-3-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-5-49	
24c. NAME OF CEMETERY OR CREMATORY SUN SET BURIAL		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo	
DATE REC'D BY LOCAL REG. NOV 4 1949		REGISTRAR'S SIGNATURE J. B. Savatier	
25. FUNERAL DIRECTOR'S SIGNATURE J. Schurz		ADDRESS 3125 Lafayette	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed: *Jos. K. Hallmer*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4014*.....

P. O. Address *3125 Poplar St.*.....

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.