

No. 300
10.48

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6960

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 540

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) VELDA VILLAGE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL		d. STREET ADDRESS (If rural, give location) 6706 MYRON AVE.	

3. NAME OF DECEASED (Type or Print) MARGUERITE LARSON			4. DATE OF DEATH March 1 1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 13, 1897		9. AGE (In years last birthday) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME UNKNOWN BOTO		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ROYAL LARSON SR. - DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ROYAL LARSON JR. **6706 MYRON AVE.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		ANTECEDENT CAUSES			4 days
DUE TO (b) Metastatic carcinoma of lung		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			2 weeks
DUE TO (c) epidermoid carcinoma of cervix		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis, in action			2 years

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 171X			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 (Month) (Day) (Year) (Hour) (Min.)		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 **2-26-1950**, to **3-1-1950**, that I last saw the deceased alive on **3-1-1950**, and that death occurred at **6:50 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cedric C. Johnson, M.D.		23b. ADDRESS 601 BRENTWOOD, CLAYTON		23c. DATE SIGNED 3-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-4-50		24c. NAME OF CEMETERY OR CREMATORY NATIONAL - JEFF. BKS.	
24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI					

DATE REC'D BY LOCAL REG. MAR. 2, 1950		REGISTRAR'S SIGNATURE Herbert A. Doube, M.D.		FUNERAL DIRECTOR'S SIGNATURE CULLEN AND KELLY	
				ADDRESS 7267 NATURAL BRIDGE	

(Licensed Embalmer's Statement on Reverse Side)

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

10020

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

James A. Lammers

Licensed Embalmer No.

4142

P. O. Address

St. Louis

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.