

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. ....

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		1003		Registrar's No. 2729					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) township) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2069							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5084 Minerva</u>				6. STREET ADDRESS (If rural, give location) <u>5084 Minerva Av.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Blanche</u>		b. (Middle) _____		c. (Last) <u>Larrew</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1951</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept. 23, 1903</u>		9. AGE (in years last birthday) <u>47</u>		Months <u>5</u>	Days <u>29</u>	if UNDER 12 HRS. Hours _____	if UNDER 15 MIN. Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Lawville, Indiana</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Samuel B. Larrew</u>			13b. MOTHER'S MAIDEN NAME <u>Winters</u>			14. NAME OF HUSBAND OR WIFE _____							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Rev. S. T. Sumner</u>							ADDRESS <u>6307 Walsman</u>		
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) <u>Chronic myocardiopathy</u>								INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic hypertension</u>									
				DUE TO (c) <u>Myocardial infarction</u>									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>MI 592x</u>								20. AUTOPSY? YES <input 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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:40 P.M.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>W. H. White</u>				(Degree or title) _____		23b. ADDRESS <u>809 N. King</u>		23c. DATE SIGNED <u>3-22-51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>March 24, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>MAR 23 1951</u>		REGISTRAR'S SIGNATURE <u>J. P. Karater</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Bull-Campbell Mortuary</u>						ADDRESS <u>427 S. 15th</u>	

(Licensed Embalmer's Statement on Reverse Side) 7215 Lincoln 106

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

*[Handwritten signature]*

**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.....

*Rex E Campbell*

Signed.....

Student Embalmer

Licensed Embalmer No. *3881*

P. O. Address *St Louis, Mo*

**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.