No. 300
10.48

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

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10233

BIRTH NO. 92621 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1999

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1317a Hogan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis 2219

d. STREET ADDRESS (If rural, give location): 1317a Hogan

3. NAME OF DECEASED (Type or Print)
a. (First): Jo
b. (Middle): Ann
c. (Last): Larkin

4. DATE OF DEATH (Month) Feb. (Day) 27 (Year) 52

5. SEX: F 3

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: May 26,1951

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 9 Days 1; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): St.Louis Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Larkin

13b. MOTHER'S MAIDEN NAME: Daphne Harrison

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME: Maggie McClendon
ADDRESS: 1317 Hogan

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 772.08

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 230 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patrick E Taylor Coroner

23b. ADDRESS: 1300 Clark

23c. DATE SIGNED: 3. 3. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-3-52

24c. NAME OF CEMETERY OR CREMATORY: Oakdale

24d. LOCATION (City, town, or county) (State): Lemay Mo.

DATE REC'D BY LOCAL REG.: MAR 3 1952

REGISTRAR'S SIGNATURE: J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE: E B Koonce
ADDRESS: 1221 N.Grand

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4755

P. O. Address 1221 "A" Grand

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.