

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38509

State File No. \_\_\_\_\_

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 10617

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10617			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (in this place) 1 Day		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital				STREET ADDRESS (If rural, give location) 24 2008 Crittenden St. 2249					
3. NAME OF DECEASED (Type or Print) a. (First) Alfred		b. (Middle) Leroy		c. (Last) Larcom		4. DATE OF DEATH (Month) (Day) (Year) December 4, 1955			
5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 16, 1877			
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 4		IF UNDER 24 HRS. Days 18		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stock Clerk - Retired		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Cleveland, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Iva Larcom					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-09-3817		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Iva Larcom 2008 Crittenden St.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Heart disease 10 yrs + Rheumatoid heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ca of stomach				INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420.0 H				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) _____		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 4-19, 1949, to 12-4, 1955, that I last saw the deceased alive on 12-3, 1955, and that death occurred at 8:45 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Ernest Younger M.D.</i>				23b. ADDRESS 3624 Russell		23c. DATE SIGNED 12-5-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/4/55		24c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Clinton, Kentucky			
DATE REC'D BY LOCAL REG. DEC 5 1955		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.					

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *Neal Morris* .....

Licensed Embalmer No.... 414

P. O. Address 2630 Gravel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.