S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1956

State File No. 35798

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8480

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri.
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) #5024 Washington Blv'd., 2/127 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri.
b. COUNTY
c. CITY OR TOWN St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) #5024 Washington Blv'd.,

3. NAME OF DECEASED (Type or Print)
a. (First) EARL
b. (Middle) MILLARD
c. (Last) LARRABEE.

4. DATE OF DEATH (Month) (Day) (Year) Sep't 13, 1956.

5. SEX Male. 0

6. COLOR OR RACE White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced. 3

8. DATE OF BIRTH April 8, 1893.

9. AGE (In years last birthday) 63. | 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) Chauffeur, Funeral Car Driver.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Greenville, Illinois.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Millard F. Larrabee.

13b. MOTHER'S MAIDEN NAME Agnes Forester.

14. NAME OF HUSBAND OR WIFE Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) W.W. #1.

16. SOCIAL SECURITY NO. 489-03-2275

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Neta Inskeep, 4965 Olethea.

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) Coronary Thrombosis — 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)

DUE TO (c)

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 420.1

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?

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 1:25 A m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph M Quinn (Degree or title) Deputy Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 9/14/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.

24b. DATE 9/15/1956.

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery.

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.,

DATE REC'D BY LOCAL REG. SEP 14 1956

REGISTRAR'S SIGNATURE Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R.Lupton & Sons. #7233 Delmar Blv'd.,

m & B.

(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.