

XC-242 20 22

THE DIVISION OF HEALTH OF MISSOURI

10594

SL-12872 Reg.

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

**FEB MAR 28 1957 318**

1003

1856

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 4597 Webster Groves 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 V.A. Hospital 0			Length of stay in 1b 3 Days	d. STREET (If outside, give location) ADDRESS 27 131 W. Kirkham			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Orlay L. Larrabee				4. DATE OF DEATH Month Day Year 2-23-57			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-3-1879		9. AGE (In years last birthday) 77 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office		11. BIRTHPLACE (City and state or country) Greenville, Ill. /		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Millard Larrabee				14. MOTHER'S MAIDEN NAME Mary Saulsbury			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes SPAW		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address VA Hosp. Records 915 N. Grand, St. Louis, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sub Arachnoid Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rupture of Arteriosclerotic Vessel DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). 330x						INTERVAL BETWEEN ONSET AND DEATH 3 Days	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. <del>VA</del> attended the deceased from 2-20-57 to 2-23-57 and last saw her alive on 2-23-57 Death occurred at 1:10 a. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Julien Bahr M.D. 0				22b. ADDRESS VAH, 915 N. Grand, St. Louis, Mo.		22c. DATE SIGNED 2-23-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-26-57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
24. FUNERAL DIRECTOR ADDRESS Mittelberg Funeral Home, Inc. Webster Groves, Mo.				25. DATE RECD. BY LOCAL REG. FEB 25 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. -rags.	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *John S. Demme*  
Licensed Embalmer No. *419*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.