

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007476
State File No.

FILED MAR 10 1958

318

1003

1668
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE _____ b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (in this place) **5 weeks**
c. CITY OR TOWN **Jennings** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Christian Hospital**
e. STREET ADDRESS (If rural, give location) **1910 McLaren Ave**

3. NAME OF DECEASED a. (First) **MARTIN** b. (Middle) **P** c. (Last) **LARKIN**
4. DATE OF DEATH (Month) (Day) (Year) **Feb. 10 1958**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**
8. DATE OF BIRTH **Sept. 29 1904** 9. AGE (In years last birthday) **53**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **grocer**
10b. KIND OF BUSINESS OR INDUSTRY **retail**
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Daniel Larkin** 13b. MOTHER'S MAIDEN NAME **Marge Mumahan** 14. NAME OF HUSBAND OR WIFE **Genevieve Larkin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **488 03 4428**
17. INFORMANT'S SIGNATURE OR NAME **Genevieve Larkin** ADDRESS **1910 McLaren Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarction**
ANTECEDENT CAUSES DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **420.1**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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) _____ 21e. INJURY OCCURRED WHILE AT WORK? YES NO 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2 Nov 1958** to **10 Feb, 1958**, that I last saw the deceased alive on **9 Feb, 1958**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Eugene W. Hall MD** (Degree of title) 23b. ADDRESS **116th So Florissant** 23c. DATE SIGNED **11 Feb 58**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **2/13/58** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **FEB 13 '58** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Buchholz Mortuary** ADDRESS **5967 W. Florissant Ave.**

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 *J. W. B. Embley*.....

Licensed Embalmer No. *365*

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.