

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024021

STATE FILE NUMBER

FILED JUL 11 1958

Registration District No.

317

Primary Registration District No.

544

Registrar's No.

1650

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kirkwood

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Joseph's Hosp.

Length of stay in lb
1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

c. CITY
OR
TOWN Webster Groves

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS 143 Dornell Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

HENRY

W.

LARSEN

4. DATE
OF
DEATH

Month
June

Day
19

Year
1958

5. SEX

Male ☒ White

6. COLOR OR RACE

7. MARRIED ☒ NEVER MARRIED ☐

WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

Sep. 1, 1883

9. AGE (In years
last birthday)

74

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired U. S. Army Captain

10b. KIND OF BUSINESS OR
INDUSTRY

INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Paul, Minn.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

James C. Larsen

13b. MOTHER'S MAIDEN NAME

Anna Moe

14. NAME OF HUSBAND OR WIFE

Anna M. Larsen

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

Yes 1902-1920

16. SOCIAL SECURITY NO.

4 98-22 3507

17. INFORMANT

Address

Anna M. Larsen 143 Dornell Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

INTERVAL BETWEEN
ONSET AND DEATH

3 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cerebral arterial Sclerosis

9 months

DUE TO (c)

331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arterial Sclerotic Heart Disease

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

20d. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/1/57 to 6/19/58 and last saw him alive on 6/19/58
Death occurred at 10:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles R. Burruss M.D.

22b. ADDRESS

206 N. Clay Kirkwood

22c. DATE SIGNED

6/20/58

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

June 23, 1958

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway

25. DATE RECD. BY LOCAL REG.

6/20/58

26. REGISTRAR'S SIGNATURE

Herbert R. Donke

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

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 Richard W. Stevenson

Licensed Embalmer No. 4007

P. O. Address _____

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.