

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034445

STATE FILE NUMBER

9335

FILED OCT 10 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>None</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>None</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Louis Chron</i>		Length of stay in lb <i>23 days</i>		d. STREET ADDRESS (If outside, give location) <i>69 5225 Maffitt</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Frances (Lorkowski) Larkowski</i>				4. DATE OF DEATH Month Day Year <i>9 26 1958</i>			
5. SEX <i>F 1</i>	6. COLOR OR RACE <i>Wh.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>9/14/1875</i>	9. AGE (In years last birthday) <i>83</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unk.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Unk.</i>		11. BIRTHPLACE (City and state or country) <i>Radom, Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John</i>		13b. MOTHER'S MAIDEN NAME <i>Katherine</i>		14. NAME OF HUSBAND OR WIFE <i>Stanley</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Unk.</i>		16. SOCIAL SECURITY NO. <i>Unk.</i>		17. INFORMANT Address <i>Hosp. Record, 5800 Arsenal</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive Heart Failure</i>						INTERVAL BETWEEN ONSET AND DEATH <i>3 wks.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <i>Arteriosclerotic Heart Disease</i>	
						DUE TO (c) <i>Generalized Arteriosclerosis</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.0</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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. I attended the deceased from <i>9/3/58</i> to <i>9/26/58</i> and last saw her alive on <i>9/26/58</i> Death occurred at <i>11:55 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>John W. Beckham, M.D.</i>			22b. ADDRESS <i>5800 Arsenal</i>			22c. DATE SIGNED <i>9/26/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>9-30-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		23d. LOCATION (City, town, or county) (State) <i>St Louis Mo.</i>		
24. FUNERAL DIRECTOR <i>St. Louis Funeral Home</i>			25. DATE RECD. BY LOCAL REG. <i>SEP 29 58</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		

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 *James B. Embler*

Licensed Embalmer No. *3653*

P. O. Address *St Louis 8 Mo*

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. *ly*