

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024696

FILED VS JUN 27 1960

318

Primary Registration District No. 1003

Registrar's No.

6075

STATE FILE NUMBER

| | | | | | | | | |
|--|--|---|---|---|---|--|--|-------|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | | Length of stay in 1b | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3308 S. Jefferson | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 3308 S. Jefferson | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Ernest Middle H. Last Larsh | | | | 4. DATE OF DEATH Month June Day 12 Year 1960 | | | | |
| 5. SEX male | 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 Sept. 23, 1900 | 9. AGE (last birthday) 59 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Used Car | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Illinois | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Larsh | | | 13b. MOTHER'S MAIDEN NAME Unk. | | | 14. NAME OF HUSBAND OR WIFE Hazel Larsh | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. unk | | 17. INFORMANT Address Hazel Larsh 3308 S. Jefferson | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction | | | | | | | INTERVAL BETWEEN ONSET AND DEATH Minutes | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) Hypertensive Cardiovascular | | DUE TO (c) 420.1 disease | | years | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Diabetes Mellitus | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 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 a.m. p.m. | | Month, Day, Year | | | | | | |
| 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. I attended the deceased from 3/11/58 to 6/12/60 and last saw her alive on 6/12/60 Death occurred at 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Carroll Hendrix MD | | | | 22b. ADDRESS 4268 Delor | | | 22c. DATE SIGNED 6/13/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 6-15-60 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | | |
| 24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home 6322 S. Grand, St. Louis, Mo. | | | | 25. DATE RECD. BY LOCAL REG. JUN 14 1960 | | 26. REGISTRAR'S SIGNATURE Carl Smith, M.D. | | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

60.

Dr. Aaron Henderson
4268 Keller
to 6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Van Tossan

Licensed Embalmer No. 4242

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.