

NDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>De Paul Hospital</i>		c. CITY OR TOWN <i>St. Louis County</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>1520² Engelholm</i>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		4. DATE OF DEATH <i>December 14, 1960</i>	
3. NAME OF DECEASED (Type or print) First <i>Keith</i> Middle <i>Robert</i> Last <i>Larkins</i>		5. SEX <i>Male</i> 6. COLOR OR RACE <i>white</i>	
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>12-14-60</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min. <i>4 55</i>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>St. Louis, Missouri</i>	
13a. FATHER'S NAME <i>J. Willis Larkins</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13b. MOTHER'S MAIDEN NAME <i>Rose Lee Smith</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <i>J. Willis Larkins 1520² ENGELHOLM</i>	
16. SOCIAL SECURITY NO.		Address	

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>Prematurity, 31 weeks gestation</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>abrupted placenta</i>		
DUE TO (c) <i>761.5</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 Month, Day, Year <i>4:00 p.m. 12/14/60</i>	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 *12/14/60* to *12/14/60* and last saw her/him alive on *12/14/60*
 Death occurred at *4:00 p* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Roy V. Banduhn M.D.</i>	22b. ADDRESS <i>100 N. Euclid</i>	22c. DATE SIGNED <i>12/15/60</i>
---	-----------------------------------	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec. 16, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo</i>
---	--------------------------------	--	--

24. FUNERAL DIRECTOR <i>Paul Campbell Mortuary 516 S. Delmar</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 16 1960</i>	26. REGISTRAR'S SIGNATURE <i>Royal Smith M.D.</i>
--	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Chas. A. Puel
Licensed Embalmer No. _____

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.