MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012908

STATE FILE NUMBER

Registration District No. 318 (Primary Registration District No. 1003 Registrar's No. 3509

FILED APR 12 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 4013 23 S

3

4 0

5 0

6

7 0

8 2

9

10

11

12 74 0

13

74

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b

c. CITY OR TOWN Florissant — Inside Limits Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 790 Lexington Park — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First INFANT (BOY) Middle Last LARKIN

4. DATE OF DEATH Month April Day 1, Year 1962

5. SEX male

6. COLOR OR RACE white

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 4-1-1962

9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. 30

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME William P. Larkin

13b. MOTHER'S MAIDEN NAME Kathleen Pierce

14. NAME OF HUSBAND OR WIFE - -

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

16. SOCIAL SECURITY NO. - -

17. INFORMANT William P. Larkin - Address 790 Lexington Park Florissant, Mo.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) - Prematurity (26 wks gestation — INTERVAL BETWEEN ONSET AND DEATH 30 min

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

DUE TO (b) Premature labor

DUE TO (c) 776X

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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE 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 April 1, 1962, to April 1, 62 and last saw him alive on April 1, 1962

Death occurred at April 1, 1962 11:32 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. R. Kashie MD

22b. ADDRESS 35 No Central Clayton

22c. DATE SIGNED 4-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4-3-62

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS John Stygar & Son - 5541 Riverview Blvd.

25. DATE RECD. BY LOCAL REG. APR 3 1962

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

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. not Embalmed

Student_____ Signed_____

Signature of Student Embalmer

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.