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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19842

State File No. \_\_\_\_\_

FILLED JUL 21 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4654

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.  
(b) City or town Saint Louis, Missouri.  
(c) Name of hospital or institution: Alexian Bros. Hospital.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Larken E. Almon

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 486-10-7769

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Almon 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August 20th, 1880.  
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Illinois.  
(City, town, or county) (State or foreign country)

10. Usual occupation Operator

11. Industry or business Kansas City Light & Power Co.

MOTHER FATHER { 12. Name Samuel Almon  
13. Birthplace Unknown Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown

16. (a) Informant Josephine Almon  
(b) Address 3327 A Illinois

17. (a) Burial (b) Date thereof June 4, 1941.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Ziegenhain Bros.  
(b) Address 2823 Cherokee Street

19. (a) JUN 4 1941 (b) J. T. Bredbeck  
(Received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis  
(c) City or town Saint Louis, Missouri.  
(d) Street No. 3327-A Illinois Ave.  
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd, year 1941. hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 29 to June 2, 1941; that I last saw him alive on June 1 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury None

23. Signature L. Hayden (M. D. or other) M.D.  
Address 5899 Delmar Date signed 6-3-41

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*W. E. Morris*

Licensed Embalmer No.....

*3360*

P. O. Address.....

*2623 Cherokee*

**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 this body is not embalmed, fact should be so stated above.**