

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30248

State File No.

FILED AUG 30 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2213

1. PLACE OF DEATH a. COUNTY <u>St Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS 54485</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u> c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>7567 LINDBERG</u> OR TOWN <u>Richman Height</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>7567 LINDBERG DR</u>	

3. NAME OF DECEASED (Type or Print) <u>LARKIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 22 1952</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>
8. DATE OF BIRTH <u>9am 1872</u>	9. AGE (In years last birthday) <u>80</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTANCE WORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MAINTANCE</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Garnett</u>
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edith Fleer</u> ADDRESS <u>7567 Lindberg Dr</u>
---	-----------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Subarachnoid hemorrhage</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Subarachnoid hemorrhage</u>	ANTECEDENT CAUSES A forbidding conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Left Inguinal Hernia</u>		<u>330X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
--	--	---------------------------

22. I hereby certify that I attended the deceased from 8-19-1952, to 8-22-1952, that I last saw the deceased alive on 8-22-1952, and that death occurred at 8:10a, m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>	23c. DATE SIGNED <u>8-22-52</u>
---	--	---------------------------------

24a. PLACE OF BURIAL (Specify) <u>St. Louis Burial</u>	24b. DATE <u>8-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS COUNTY</u>
--	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>8-22-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin</u> ADDRESS <u>2301 Lafayette</u>
---	--	--

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

BURIAL

Chapman R 4556

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
Student Embalmer

Signed *James R Chapman*
Licensed Embalmer No. *4558*

P. O. Address *2301 Lafayette*

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.