

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009262  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 576

**FILED MAR 2 1962**

1. PLACE OF DEATH  
a. COUNTY **St. Louis**  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Webster Groves**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **659 Oak St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **St. Louis**  
c. CITY OR TOWN **Webster Groves**  
d. STREET ADDRESS (If outside, give location) **659 Oak St.**

3. NAME OF DECEASED First Middle Last (Type or print) **BETTY LARSON**  
4. DATE OF DEATH Month Day Year **Feb. 15, 1962**

5. SEX **F** 6. COLOR OR RACE **W** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **6-25-71** 9. AGE (last birthday) **90**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At home** 11. BIRTHPLACE (City and state or country) **Sweden** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Lindhahl** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Jacob P. Larson**

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. **None** 17. INFORMANT **Fred Larson, 659 Oak St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Bronchopneumonia**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic Cardiovascular disease**  
DUE TO (c) **Nephrosclerosis**

INTERVAL BETWEEN ONSET AND DEATH  
**3 da**  
**ch**  
**ch -**

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  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 **June 1961** to **Feb. 15, 1962** and last saw her <sup>her</sup> <sub>him</sub> alive on **Feb. 14, 1962**  
Death occurred at **9 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **J. Spabangh M.D.** (Degree or title) 22b. ADDRESS **Webster Groves Mo.** 22c. DATE SIGNED **2-17-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **2-19-62** 23c. NAME OF CEMETERY OR CREMATORY **Oak Hill Cemetery** 23d. LOCATION (City, town, or county) (State) **Kirkwood, Mo**

24. FUNERAL DIRECTOR **Parker-Aldrich, Webster Groves** ADDRESS 25. DATE RECD. BY LOCAL REG. **2-17-62** 26. REGISTRAR'S SIGNATURE **J. M. Maffey M.D.**

VS 300 Rev. 4/59  
14007  
240072  
3  
4 1  
5 2  
6  
7 2  
8 2  
9 442X  
10  
11  
12 90-0  
13

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
ITEM NO. SHOULD READ  
BY AFFIDAVIT OF

DOCUMENT  
MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Louis Welch*

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo.

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.