

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 3003  
 City St. Louis City, Hospital # 2 File No. 28811  
 Registered No. 8294 Sl. (Ward)

**2. FULL NAME**

Mary Starnes  
 (a) Residence. No. 2809 Faded St., 21 Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred 9 yrs.  mos.  da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Claud Starnes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>30</u>	<u>2</u>	<u>13</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Domestic  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Sanders Reed

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. F. Woodard  
 (Address) City Hospital # 2

15. FILED May 26 1928  
 REGISTER

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-7-1928

17. I HEREBY CERTIFY That I attended deceased from 1-13-1928 to 8-7-1928 that I last saw h.e.y. alive on 8-7-1928 and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chr. Endocarditis & Aortic  
and mitral lesions.  
Chr. Myocarditis.  
 (duration) 7 yrs. 7 mos.  da.  
 CONTRIBUTORY (SECONDARY) Chr. Nephritis  
 (duration) indefinite yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at home  
 IS NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF   
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? John  
 (Signed) J. B. Cunningham, M. D.  
 (Address) 2945 Papeton

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park DATE OF BURIAL Aug 16 1928

20. UNDERTAKER W. S. Wade ADDRESS 4202 Lundy

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

