

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.

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

Do not use this space.

10893

1. PLACE OF DEATH

County St. Genevieve Registration District No. 781
Township Deauville Primary Registration District No. 6027
City (No. _____) St. _____ Ward _____

2. FULL NAME

Frank J. Stark
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 59 yrs. 4 mos. 1 da. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Siebest</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 17 1873</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>4</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>10763</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>40 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo

13. NAME Charles Stark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo

15. MAIDEN NAME Genevieve Jaggert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden, Germany

17. INFORMANT F. J. Stark

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Genevieve, Mo DATE 3/21 1933

19. UNDERTAKER F. C. Oakes

20. FILED 3/20 1933 Patricia Thomas Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7 1933 to March 18 1933
I last saw him alive on March 17 1933. Death is said to have occurred on the date stated above, at 7:20 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
cardiac dilatation
Embolus of liver
124
Other contributory causes of importance
Bronchitis Pneumonia

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) A. J. Coadle M. D.
(Address) St. Genevieve, Mo

APR 24 1933

