

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

Do not use this space.

38530

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 323, Clara Ave. St. _____ Ward _____)

2. FULL NAME Bruce Starke

(a) Residence, No. 323 Clara Ave. St. 5 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30th, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 5 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Return J. Starke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Poage

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Mary E. Starke
323 Clara Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Nov. 27th, 1933

19. UNDERTAKER (ADDRESS) Whehmann & Son
1905 Union Blvd.

20. FILED: 10 31 1933 J. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1933

22. I HEREBY CERTIFY That I attended deceased from October 25th, 1933, to November 25th, 1933
I last saw him alive on November 24th, 1933. Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Date of onset 11/20/33
131
82 A
15
kephalic interstitial clu 10/20/33

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Ray findings Was there an autopsy? No

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 Acquist E. Nielsen, M. D.
(Signed) (Address) 6194 Belmont Blvd

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.

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W. A. C. Williams

6194 Delmar

Pa. 1407

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