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.

NOV 27 1935

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

Do not use this space.

34783

File No.

Registered No. 108

1. PLACE OF DEATH

County St. Louis City

Registration District No. 1160

Township Central

Primary Registration District No. 4470

City University City (No. 1311 Fairview ave. St. Ward)

2. FULL NAME Perry Langford Stark

(a) Residence, No. 1311 Fairview 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Zora Stark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2 3 1887

7. AGE: Years 48 Months 4 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Caloner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rod-carrier

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): Kentucky

FATHER

13. NAME: unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Zora Stark 1311 Fairview

18. BURIAL, CREMATION, OR REMOVAL PLACE: Val Halla Cem. DATE: 10-8-1935

19. UNDERTAKER (ADDRESS): Baumann Bros Inc. Overland, Mo.

20. FILED: Oct. 7, 1935 Rosa V. Moeller, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3PM m.

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

	Date of onset
Sudden death; generalized arteriosclerosis, left coronary sclerosis with obstruction Chr. interstitial nephritis, Chr. hypertrophic prostate, urinary	

Other contributory causes of importance:

retention, angina pectoris, toxemia, obesity, extreme.

Name of operation: OVER Date of: autopsy

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?

If so, specify

(Signed) Luke E. Timmons, M. D.

(Address) 8318 Jennings Rd.

Crown Printing Co. 10-7-35

Secondary; Obstruction of left coronary artery, with attack of angina pectoris.