

MAY 7 1936

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

Do not use this space.

17028

## 1. PLACE OF DEATH

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City St. Louis MO (No. ...., Sanatarium St. .... Ward)

File No. **3779**

Registered No. ....

## 2. FULL NAME

Elizabeth Starbird  
 (a) Residence, No. 13 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode) City Sanatarium  
 Length of residence in city or town where death occurred 5 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
80 2 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) about Jan 1916 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown new york13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Scotland15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Spain and17. INFORMANT (ADDRESS) Frank H. Tohler 5406 Arsenal18. BURIAL, CREMATION, OR REMOVAL PLACE Waterford Pa DATE 4/7/36 19.19. UNDERTAKER (ADDRESS) Alexander and Sons 6175 - Delmar20. FILE APR 7 1936 J. P. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6/36 1922. I HEREBY CERTIFY, That I attended deceased from 8/1 1927 to 4/6/36 19I last saw her alive on 4/6/36 19. Death is said to have occurred on the date stated above, at 1 P. m.

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

Scrub of hemorrhage (apoplexy) Date of onset 3/28/36Br. r. ch. pneumonia 3/31/36Other contributory causes of importance: 8201

Name of operation..... Date of.....

What test confirmed diagnosis? Chem. anal. Was there an autopsy? 26

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) Frank H. Tohler M. D.(Address) 5406 Arsenal

