

JUN 26 1936

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

Do not use this space.

21597

1. PLACE OF DEATH

County St. Louis Registration District No. 160
Township _____ Primary Registration District No. 4470
City University City No. 7746 Elene Ln

File No. _____
Registered No. 68
St. _____ Ward _____

2. FULL NAME

Wm Stark
(a) Residence, No. 7746 Elene Ln St. _____ Ward _____
(Usual place of abode) University City Mo (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. 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>Ida J. Stark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 13 - 1860</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>7</u>
	DAYS <u>4</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>Printer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unemployed 2 yrs</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Minnesota</u>	
	13. NAME <u>Berman Stark</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>Ida J. Stark</u> (ADDRESS) <u>University City Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest</u> DATE <u>May 19 36</u>		
19. UNDERTAKER <u>Wacker, Helderle</u> (ADDRESS) <u>2331 Broadway</u>		
20. FILED <u>May 18 1936</u> <u>Lea V. Maeder</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1936
22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936 to May 17, 1936
I last saw him alive on May 17, 1936 Death is said to have occurred on the date stated above, at 1145 m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____
Other contributory causes of importance None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? Yes
If so, specify A. S. Thoms, M. D.
(Signed) 2540 W. Jefferson
(Address) _____

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.

