

REC'D JUL 12 1938

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

20326  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... 3 Registration District No..... 791  
 (b) Township..... 1 Primary Registration District No..... 1003 Registered No..... 5465  
 (c) City..... St. Louis (d) Street No. En route City Hospital #1 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Edward P. Stark 367  
 (a) Residence, No. 8505a Minnesota Ave. St. 1  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 51 9 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Decorator  
 9. Industry or business in which work was done, as saw mill, bank, etc. Paper Hanging  
 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) Illinois

13. NAME John Stark

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Clara Stark (ADDRESS) 8505a Minnesota Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cemetery DATE June 18, 1938

19. FUNERAL DIRECTOR (NAME) Jos. P. Fendler, Jr. (ADDRESS) 7128 Michigan Ave.

20. FILED JUN 17 1938 J. F. Bredek Local Registrar.

## MEDICAL CERTIFICATE OF ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/16/38 19

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 7:30 A. M.

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

*Coronary Thrombosis*  
*Chronic Arteriosclerosis (Lentic)*

Other contributory causes of importance:

*Edema of Brain*

Name of operation 34 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) Joseph M. Jensen M.D. (Address) 2222 Broadway Corner

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *J. P. Fendler, Jr.*

Licensed Embalmer No. *925*

P. O. Address *St. Louis Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**