

0591 NOV 16 1938

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

34209  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. 701  
(b) Township ..... 1 Primary Registration District No. 1003  
(c) City St Louis (d) Street No. 5415 Itaska 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.

Registered No. 9195

2. PRINT FULL NAME

(a) Residence, No. 5415 Itaska St. St. 144  
(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 Josephine A. Stark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6th, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	52	9	16	

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. clerk  
9. Industry or business in which work was done, as saw mill, bank, etc. Frisco R.R.  
10. Date deceased last worked at this occupation (month and year) 10-20-38  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Belleville  
(STATE OR COUNTRY) Ill.

FATHER  
13. NAME Frank Stark

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

MOTHER  
15. MAIDEN NAME Anna Hauck

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

17. INFORMANT Josephine A. Stark  
(ADDRESS) 5415 Itaska St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter & Paul DATE 10-25, 1938

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary  
(ADDRESS) 4228 So. Kingshighway

20. FILE OCT 24 1938 J. F. Bredecka Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22, 1938

22. I HEREBY CERTIFY, THAT I attended deceased from Sept. 15, 1938 to Oct. 22, 1938

I last saw him alive on Oct. 19, 1938 Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Coronary Occlusion  
Arteriosclerosis  
Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? 20

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? 20

If so, specify (Signed) J. F. Bredecka M. D.  
(Address) 3674 S. Maple St.

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.

**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..... *Edward M. Burnett*

Licensed Embalmer No..... *3024*

P. O. Address.....

**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.**