

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.

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

43497  
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421  
(b) Township Festus Primary Registration District No. 4249  
(c) City Festus (d) Street No. \_\_\_\_\_ 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 John William Starr

(a) Residence, No. Danby Mo., Route. St.  Danby Missouri  
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr., 4th., 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
54 8 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer e  
9. Industry or business in which work was done, as saw mill, bank, etc. Farm  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Thomas Wm. Starr

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

MOTHER 15. MAIDEN NAME Mary Ernspiker

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

17. INFIRMANT (ADDRESS) Edward Starr Danby Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn (St. Louis) Dec., 15th., 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Duester - Vinyard Festus Mo.

20. FILED 12/14, 1938 J. E. Rutledge M.D. Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

Last seen alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:30 P.M.  
The principal cause of death and related causes of importance were as follows:

I attended deceased by holding inquest. Death due to unavoidable accident by being hit by automobile on Highway 61  
Date of onset Dec. 10

Other contributory causes of importance: Deceased walking

Name of operation \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Dec. 10, 1938  
Where did injury occur? Crystal City, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place  
Manner of injury hit by automobile  
Nature of injury broken neck, both legs

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_ (Signed) Frank Frazier, Coroner

(Address) Festus, Mo.

**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, .....

*H. W. Myard*

or by .....

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

Signed .....

*H. W. Myard*

Licensed Embalmer No. ....

*3010*

P. O. Address .....

*Festus 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.**