

APR 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH 1003

8795  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township St Louis Primary Registration District No. .... Registered No. 2560  
(c) City St Louis (d) Street No. Mo. Poe Hosp 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

(a) Residence, No. 8217 Berkeley Drive St. NR U. City, Mo.  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs R J Stark  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1861  
7. AGE YEARS 78 MONTHS 1 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad  
10. Date deceased last worked at this occupation (month and year) 30 yrs 11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spencer Co Ky

FATHER 13. NAME Perry Stark  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
MOTHER 15. MAIDEN NAME Elizabeth  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Earl Winkler 8217 Berkeley St. St Louis Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Val Halle DATE 3-18 39  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Burman Bros 1017 Overland Mo  
20. FILED MAR 17 1939 J. P. Brudeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16 1939  
22. I HEREBY CERTIFY, That I attended deceased from 3-6 1939 to 3-16 1939  
I last saw him alive on 3-16 1939 Death is said to have occurred on the date stated above, at 3:50 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cardiac failure  
Chronic Myocarditis  
Aortic dilatation  
Auricular fibrillation  
Chronic Passive Congestion of Lungs  
Other contributory causes of importance:  
non tubercular

Name of operation none Date of .....  
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? ..... 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) Charles E. Boshart, M. D.  
(Address) Mo Poe Hospital

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, .....

*Oscar F. Mueller*

, or by .....

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

Signed.....

*Oscar F. Mueller*

Licensed Embalmer No. ....

*3039 city*

P. O. Address.....

*overland 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.**