

JUL 12 1939

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

20514
Do not use this space.

1. PLACE OF DEATH

(a) County / Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City St. Louis (d) Street No. Deaconess Hosp. Registered No. **5358**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 Marie L. Stark

(a) Residence, No. 328 E. Big Bend W. Groves St. **NR** Webster Groves, 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17th, 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 2 28

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

FATHER 13. NAME John A. Mueller

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

MOTHER 15. MAIDEN NAME Mathilda Petersen

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

17. INFORMANT Hy Stark
(ADDRESS) 328 E. Big Bend W. Groves

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem DATE 6/7/ 1939

19. FUNERAL DIRECTOR (NAME) J. L. Ziegenhein & Sons
(ADDRESS) 7027 Gravois Ave.

20. FILED JUN 16 1939 J. B. Beck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1939
22. I HEREBY CERTIFY That I attended deceased from June 13, 1939, to June 14, 1939
I last saw h. or alive on June 14, 1939. Death is said to have occurred on the date stated above, at 10:10 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 6-13-39
Other contributory causes of importance: arteriosclerosis about 5 yrs

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholesterol 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? No
If so, specify _____
(Signed) Arthur W. Westrich M. D.
(Address) Webster Groves Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50 M-1-1-38 I X14023

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..... *Clarence P. Kidwell*

Licensed Embalmer No. *3877*

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

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.