

FILED MAY 15 1940

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Saint Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6131 Columbia Ave. 7
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Minnie Stark 3-73. (b) If veteran, name war _____ 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Milo Stark 6. (c) Age of husband or wife if alive 59 years7. Birth date of deceased September 7th, 1883.
(Month) (Day) (Year)8. AGE: Years 56 Months 7 Days 13 If less than one day hr. _____ min. _____9. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business

12. Name Leo Michenfelder13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)14. Maiden name Sophia Krill15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Milo Stark(b) Address 3907 Vest Ave.17. (a) Burial (b) Date thereof April 23, 40.
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New S. S. Peter & Paul(a) Signature of funeral director Ziegenhain Bros.(b) Address 2623 Cherokee Street19. (a) APR 23 1940 (b) [Signature]
(Data received local registrar) (Date received)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town Saint Louis, 20
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3907 Vest Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th.
year 1940. hour 11 minute 0 P.M.21. I hereby certify that I attended the deceased from Apr 22
1940, to Apr 20 1940;
that I last saw her alive on Apr 22 1940
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of Stomach
Duration ?

Due to _____

Due to 46.Other conditions 46.
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public places? _____

While at work? _____
(Specify type of place) (e) Means of injury _____23. Signature [Signature] (M. D. or other) Sm. 20.Address 5730 Southview St Date signed 4-23-40

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 VE Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.