

JUN 15 1940 791

Registration District No.

Primary Registration District No.

Registrar's No. 4239

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(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 Charles E. Starz 262

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mathalie Starz 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Dec. 23 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 4 17 hr. min.

9. Birthplace Milwaukee Wis.
(City, town, or county) (State or foreign country)

10. Usual occupation Attendant

11. Industry or business City Sanitarium

MOTHER FATHER { 12. Name Louis Starz
13. Birthplace Milwaukee Wis.
(City, town, or county) (State or foreign country)
14. Maiden name Lena Gross
15. Birthplace Milwaukee Wis.
(City, town, or county) (State or foreign country)

16. (a) Informant Nathalie Starz
(b) Address 4714 Arsenal St.

17. (a) Burial (b) Date thereof 5-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Trinity Lutheran Cem.

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway

19. (a) MAY 13 1940 (b) _____
(Date received for registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 4714 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1940 hour 10:50 minute A.M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Sclerosis
Atherosclerosis

Due to _____

Other conditions _____
(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 place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Joseph M. [Signature] (M. B. or other)
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Reinhold K. Lohmann

Licensed Embalmer No.

3395

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.