

1-13-40
5-17-39
I X23159

FILED MAR 25 1947 91
Registration District No. **1003**

Primary Registration District No. **1003**

Registrar's No. **1250**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 Days
(Specify whether
In this community 69 years
years, months or days)

3. (a) PRINT FULL NAME Charles Stark
(b) If veteran, no
name war no
(c) Social Security No. 499-03-4638

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Mary L. Stark 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Dec. 1, 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 5 If less than one day hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation clerk

11. Industry or business W. G. A. ...

12. Name William H. Stark

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary Anne Salasberry

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mary L. Stark

(b) Address 4241 St. Louis Ave

17. (a) Burial (b) Date thereof Feb 7 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Edw. J. ...

(b) Address 4212 St. Louis Ave

19. (a) FEB 7 1947 (b) J. H. ...
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 00010
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4241 St. Louis Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6,
year 1947 hour 11:55 minute A.M.

21. I hereby certify that I attended the deceased from January 7, 1947 to February 6, 1947
that I last saw him alive on February 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary artery thrombosis Duration 4 hr.

Due to Capitital vein thrombosis & gangrene - Rt.

Due to Diabetes mellitus H-8740

Other conditions Arterio sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: U
Of operations _____
Of autopsy As Above
Underline the cause to which death should be charged statistically.

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) Means of injury _____

23. Signature Samuel Wallace (M. D. or other) 2/6/47
Address 1515 Lafayette Avenue Date signed _____

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

Joe A Howard

Licensed Embalmer No. *3941*

P. O. Address *4212 ST LOUIS 17VA*

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, fact should be so stated above.