S. No. 2
-11-10-39
5-17-39
I X21492

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

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16522

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4040

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 Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Vigo

(c) City or town Terre Haute
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Paul Starkey

3. (b) If veteran, name war

3. (c) Social Security No. Nil

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 21, 1930
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
10	5	21	hr. min.

9. Birthplace Terre Haute / Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation School Child

11. Industry or business

MOTHER FATHER

12. Name Cecil Starkey

13. Birthplace Sullivan County / Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Dola Moore

15. Birthplace Sullivan / Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Starkey

(b) Address Terre Haute Indiana

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-12-41 (Month) (Day) (Year)

(c) Place: burial or cremation Terre Haute Indiana

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. (a) MAY 13 1941 (Date received by local registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12 year 41 hour 11:25 minute a. M.

21. I hereby certify that I attended the deceased from 5-5- 1941, to 5-12- 1941; that I last saw alive on 5-12- 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Meningitis (Hemolytic Strep. faecalis)	? 3 weeks
Due to mastoiditis (rt)	? 4 weeks
Due to otitis media (right)	? 4 weeks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy Confirmation of above

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Gordon F. Moore (M. D. or other) 8

Address 500 So. Kingshighway Date signed 5-12-41

(Licensed Embalmer's Statement on Reverse Side)

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 Albert H. Happe

Licensed Embalmer No. 1861

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.