

FILED JAN 20 1941

State File No. \_\_\_\_\_

Registration District No. 4215

Primary Registration District No. 5580

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town 'Rural' Mermac Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
RFD #1 Catawissa, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 months  
(Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson  
(c) City or town Rural Meramec Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #1 Catawissa, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Du-Wayne Starr (DWANE)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec day 17  
year 1941 hour 3 AM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Dec 17  
shortly 1941 to Dec 17 1941  
that I last saw him alive on Dec 17 1941  
and that death occurred on the date and hour stated above.

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

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 Feb 13 1932  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 10 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation School boy

11. Industry or business \_\_\_\_\_

12. Name Francis Starr

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

14. Maiden name Wilma Phegley

15. Birthplace Oran, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Cline Reed

(b) Address 4160 Maryland Ave

17. (a) Burial (b) Date thereof 12-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews, Mo.

18. (a) Signature of funeral director Josephus Martus

(b) Address 4228 So. Kingshighway

19. (a) 17 DEC 1941 (b) James A. Towfiss  
(Date received local registrar) (Registrar's signature)

Immediate cause of death \_\_\_\_\_  
Lobar pneumonia, 7 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 106

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? 0

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

Signature N. M. ... (M. D. or other)

Address Carroll Date signed 12/17/41

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

MOTHER FATHER

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 H. 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, fact should be so stated above.**