

DEC 31 1941

Registration District No. 101

Registrar's No. 2579

1. PLACE OF DEATH:

(a) County. St. Louis

(b) City or town. Clayton

(c) Name of hospital or institution. St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 YEAR
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis

(c) City or town. Virgus
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 1 (Yes or No)
If yes name country.

3. (a) PRINT FULL NAME ALBERT R STARKEY

3. (b) If veteran, name war. none

3. (c) Social Security No. NO

4. Sex. M 5. Color or race. white

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

6. (b) Name of husband or wife. Eloise

6. (c) Age of husband or wife if alive. 78 years

7. Birth date of deceased. Oct 2 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>15</u>	hr. min.

9. Birthplace. unknown Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation. unemployed

11. Industry or business.

12. Name. James Starkey

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

14. Maiden name. Margaret Achrite

15. Birthplace. unknown Ill
(City, town, or county) (State or foreign country)

16. (a) Informant. Ross Starkey

(b) Address. 2853A Union St. Down

17. (a) Burial (b) Date thereof. 12/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Lake Charles

18. (a) Signature of funeral director. Baumann Brothers

(b) Address. Overland road

19. (a) DEC 19 1941 (b) C. H. McLaughlin
(Date received local registrar) (Registrar's signature)

907 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Dec day 17
year 1941 hour 12:50 minute A 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. Natural causes

Due to. Carcinoma of the stomach with metastasis to the liver.

Due to _____

Other conditions. 4/6 hr
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy. Yes

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. Louis H. Gopp (M.D. or other)

Address. Kirkwood, Mo. Date signed. 12/18/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

W. G. Peterson

Licensed Embalmer No.....

3767

P. O. Address.....

Overland Mo.

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.