. S. No. 2
M—9-4-41
ev. 5-17-39
Ed I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4994
Registrar's No. 1946

Registration District No. 791 Primary Registration District No. 100

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: St. Lukes 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 Mo. (b) County Jefferson
(c) City or town High Ridge
(If outside city or town limits, write "RURAL")
(d) Street No. Gravois Rd. (Rural)
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis K. Starr
3. (b) If veteran, name war World War # 1
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 Madgelene Starr
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased June (Month) 27 (Day) 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
71	8	5	hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Justice Of Peace
11. Industry or business
MOTHER FATHER
12. Name George Starr
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Mary J. Miller
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Madgelene Starr
(b) Address High Ridge Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) MAR 3 - 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2 year 1942 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from Jan. 26 1942 to Mar. 2 1942 that I last saw him alive on Feb. 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo-Carditis
Due to Chronic Parenchymatous Nephritis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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 Thos Campbell (M. D. or other)
Address 6172 Page Date signed 3/2/42

(Licensed Embalmer's Statement on Reverse Side)

NY Comprehensive
6122 Page

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 Warren A. Carver

Licensed Embalmer No. 3534

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.