V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16694

FILED JUN 10 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4641

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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:
Barnes Hospital O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County 11 Madison

(c) City or town Woodriver O NR
(If outside city or town limits, write "RURAL")

(d) Street No. 867 Lorena
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Charles Louis Starkey

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Nellie Starkey

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Oct (Month) 26 (Day) 1895 (Year)

8. AGE: Years 46 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Alton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Tavern Operator

11. Industry or business

FATHER
12. Name Henry Starkey
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Shanahan
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Nellie Starkey
(b) Address 867 Lorena

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Alton Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington

19. (a) MAY 28 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1942 hour 1:25 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death

Abscess of Brain

Due to left temporal later
Cause undetermined

Due to

Other conditions
(Include pregnancy within 3 months of death) 80

Major findings:
Of operations 78

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 Thomas F Callanan (M.D. or other)

Address Deputy Coroner Date signed 5/27/42

(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 Wilford G. Burnley

Licensed Embalmer No. 4202

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.