

Registration District No. **791**

Primary Registration District No. **1003**

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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**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5550 Bartmer Ave /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether  
In this community **30 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **St. Louis** (b) County **000**  
(c) City or town **St. Louis** **12**  
(If outside city or town limits, write "RURAL") **9 5**  
(d) Street No. **5550 Bartmer Ave**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Milton J. Starns**

3. (b) If veteran, name war **Civil War** 3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widower**

6. (b) Name of husband or wife **Deceased** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Oct. 2, 1846**  
(Month) (Day) (Year)

8. AGE: Years **95** Months **9** Days **28** If less than one day  
hr. min.

9. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Director Y. M. C. A.**

12. Name **James Starns**

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

14. Maiden name **Martha Ware**

15. Birthplace **Tenn**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mabel L. Frick**

(b) Address **5550 Bartmer Street**

17. (a) **Burial** (b) Date thereof **8/2/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salena, Kansas**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **JUL 31 1942** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** 30th 1942  
year. hour. minute. M.

21. I hereby certify that I attended the deceased from **7-17**, 1942, to **7-30**, 1942  
that I last saw him alive on **7-30** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Oedema**  
Due to **Cardiac failure**  
**Chronic Myocarditis**  
Due to **Senile Changes**  
Other conditions **None**  
(Include pregnancy within 3 months of death)  
Major findings: Of operations **None**  
Of autopsy **None**  
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) **0**  
(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) \_\_\_\_\_  
(c) Manner of injury  
23. Signature **Hanford Phillips** (M. D. or other)  
Address **1117 N. Union** Date signed **7-31-42**

**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.....

*Francis G. Williamson*

Licensed Embalmer No.....

*3565*

P. O. Address.....

*St Louis 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.**