

S. No. 2
M-5-42
7-5-17-39
X12873

26759

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 11 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 806

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

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(c) Name of hospital or institution: Mercy Hospital,
(d) Length of stay: In hospital or institution 4 days
In this community 69 yrs, 6 mos. 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(d) Street No. 813 Main Street,
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME

Mina C. Starmer,

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife James Starmer, 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb'y 8th. 1873

8. AGE: Years 69 Months 6 Days 8

9. Birthplace Saint Joseph, Missouri, 0

10. Usual occupation At Home,

11. Industry or business

MOTHER FATHER

12. Name Frederick Bandel,
13. Birthplace Unknown, Germany, 4
14. Maiden name Unknown,
15. Birthplace Unknown, Germany, 4

16. (a) Informant Miss Lillian Bandel (b) Address 813 Main Street,

17. (a) Burial (b) Date thereof 8-18-42

(c) Place: burial or cremation Ashland Cemetery,

18. (a) Signature of funeral director

19. (a) 8-18-42 (b) Rose Herzog

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th. year 1942 hour 3:00 minute p. M.

21. I hereby certify that I attended the deceased from Aug 3, 1940 to Aug 16, 1942 that I last saw h. alive on Aug 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Fatty degeneration of the heart
Duration: 8 yrs about
Due to: 93d
Other conditions: (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations: yes to liver fatty heart -
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of case)
23. Signature Will W. Brown, M. D. or other
Address 222 Logan Bldg. Date signed 8/17/42

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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 Aug. 16, 42

....., Registered Apprentice No.

working under my personal supervision.

Signed Wm. E. Sullivan

Licensed Embalmer No. 3007

P. O. Address 395 S. Memphis 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.