

**FILED JUL 17 1943**  
 Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
 (a) County: **St. Louis**  
 (b) City or town: **St. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **City Infirmery**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: **1 yr, 5 mo, 12 days.**  
**19 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: **Missouri** (b) County: **St. Louis**  
 (c) City or town: **St. Louis** (If outside city or town limits, write "RURAL")  
 (d) Street No.: **5800 Arsenal Street** (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country: **0**

3. (a) PRINT FULL NAME: **STARLARD, SAM**

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

4. Sex: **Male** 5. Color or race: **Negro** 6. (a) Single, widowed, married, divorced: **Divorced**

6. (b) Name of husband or wife: **Alberta** 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: **FEB. 2, 1872**  
 (Month) (Day) (Year)

8. AGE: Years **71** Months **5** Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **Ouachita, Arkansas**  
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Poster, and odd jobs**

11. Industry or business: **Alex Starlard**

12. Name: **Alex Starlard**  
 13. Birthplace: **Alexandria, Virginia**  
 (City, town, or county) (State or foreign country)

14. Maiden name: **Elvira Seay**  
 15. Birthplace: **Huntsville, Alabama**  
 (City, town, or county) (State or foreign country)

16. (a) Informant: **D. E. Basso**  
 (b) Address: **5800 Arsenal St., St. L, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **7/9/43**  
 (Month) (Day) (Year)

(c) Place: burial or cremation: **Washington Park**

18. (a) Signature of funeral director: **Charles J. Gates**  
 (b) Address: **4107 Finney Avenue**

19. (a) **JUL 8 1943** (Date received local registrar) **J. F. Brudeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**  
 year **1943** hour **8:** minute **45** A. M.

21. I hereby certify that I attended the deceased from **April 1, 1943** to **July 7, 1943**  
 that I last saw him alive on **July 2, 1943**  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Regenerative H. Disease**

Due to: **Arteriosclerosis + liver**

Other conditions: **Bronchopneumonia**  
 (Include pregnancy within 3 months of death)  
**Elephantiasis**

Major findings: **Of operations**

Of autopsy: **Luetic aortitis**  
**Bronchopneumonia**

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: **J. F. Brudeck** (M. D. or other) **MD**  
 Address: **City Infirmery** Date signed: **7/5/43**

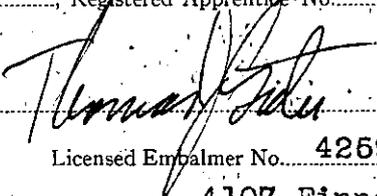
Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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.....  
**Thomas J. Gates**....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
  
Licensed Embalmer No. **4269**  
P. O. Address **4107 Finney Avenue**

**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.**