

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1814

Registration District No. 318 Primary Registration District No. 1003

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether _____)
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 913a N. Garrison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Addie Starnes
(b) If veteran, name war nil
(c) Social Security No. nil
4. Sex Fe. 5. Color or Race Cal.
6. (a) Single, widowed, married, divorced, married
(b) Name of husband or wife W.D. Starnes
(c) Age of husband or wife if alive 44 years
7. Birth date of deceased 2 (Month) 14 (Day) 1908 (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 21,
year 1944 hour 5 minute 49 A. M.
21. I hereby certify that I attended the deceased from February
9, 1944 to February 21, 1944;
that I last saw her alive on February 21, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Autopsy: Cardiac Infarcts
Kidney Infarcts
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration _____
Unk.
Unk.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 46 Months 0 Days 7 If less than one day _____ hr. _____ min.
9. Birthplace Indeterminate (City, town, or county) (State or foreign country) Ind. 1
10. Usual occupation House Wife
11. Industry or business Home
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant W.D. Starnes
(b) Address 913 N. Garrison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director W.D. Starnes
(b) Address 1003 N. Garrison
19. (a) FEB 25 1944 (Date received local registrar) (b) W.D. Starnes (Registrar's signature)

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) (c) Means of injury 0
23. Signature A. M. Jackson (M. D. or other) _____
Address 2601 N. Whittier Date signed 2/23/44

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Clay Young

Licensed Embalmer No. 33712

P. O. Address St Louis

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.