

FILED JUL 15 1944

Registration District No. _____

Primary Registration District No. 2002

Registrar's No. 1482

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7746 Elene
(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:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7746 Elene (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida J. Stark
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 9
year 1944 hour 8 minute 30 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife Wm. H. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Nov. 17 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw him _____ alive on _____ 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion Duration _____

8. AGE: Years Months Days If less than one day
80 7 23 _____ hr. _____ min.

Due to Generalized arteriosclerosis
Due to Senility

9. Birthplace St. Louis Mo. D
(City, town, or county) (State or foreign country)
10. Usual occupation Home

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Lawrence Haaser
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Wm. L. Stark
(b) Address 4354 Ellenwood

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? _____

17. (a) Burial (b) Date thereof July 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Wacker Helderle
(b) Address 3634 Gravois Ave.
19. (a) JUL 12 1944 (b) E. G. Mathewson, M.D.
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed 7/11/44

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

2
7-43
7-39
K35927

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..... *Frank J. Poland*

Licensed Embalmer No. *2675*

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.