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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **347297**  
**9404**  
Registrar's No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

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:  
**MISSOURI PACIFIC**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 MONTH**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **ILLINOIS** (b) County **ST. CLAIR**  
(c) City or town **EAST ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **#10 - N - 24**  
(If rural, give location)  
(e) **USA** of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Ann Caroline STARK**  
3. (b) If veteran, name war **NONE**  
3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **1**  
year **1948** hour **4:15** minute **A.M.**  
21. I hereby certify that I attended the deceased from **SEPT. 29**  
**1948** to **NOV. 1** 19**48**;  
that I last saw her alive on **OCT. 31** 19**48**;  
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **FRANCIS T. STARK** 6. (c) Age of husband or wife if alive **59** years  
7. Birth date of deceased: **11 - 23 - 1889**  
(Month) (Day) (Year)

Immediate cause of death  
**UREMIA**  
Duration **days**

8. AGE: Years **58** Months **10** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **HYPERTENSIVE VASCULAR DISEASE** Yrs. \_\_\_\_\_

9. Birthplace **CAPE GIRARDEAU MO**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **AT HOME**

Other conditions (Include pregnancy within 3 months of death) **1/22**

11. Industry or business \_\_\_\_\_  
12. Name **GEORGE WIEGAND**  
13. Birthplace **MISSOURI**  
(City, town, or county) (State or foreign country)  
14. Maiden name **ANNE HUBER**  
15. Birthplace **MO. D.**  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Chas. Burke**  
(b) Address **East St. Louis**  
17. (a) **Removal** (b) Date thereof **NOV 1 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **EAST ST. LOUIS**  
18. (a) Signature of funeral director **Chas Burke**  
(b) Address **EAST ST. LOUIS**  
19. (a) **NOV 1 1948** **J. B. Larson**  
(Date received local registrar's certificate) (Registrar's signature)

22. If death was due to external causes, fill in the following: **NOT**  
(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 **[Signature]** (M. D. or other) **[Signature]**  
Address **[Address]** Date signed **[Date]**

**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 *Chas M Burke*

Licensed Embalmer No. *2426*

P. O. Address *East 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.**