

No. 300
-10-47
-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39020
Registrar's No. 2611

FILED DEC 4 1948
Registration District No. 287

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Lemay,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
248 E. Felton Ave.
(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)

3. (a) PRINT FULL NAME MARGARET STARMANN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
6. (e) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Henry Starmann 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased January 29 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Henry Silies

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Gesina Menke

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Starmann

(b) Address 2717 Wyandotte St.

17. (a) Burial (b) Date thereof Nov. 12, 1948,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) 11-10-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County [unclear]
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2717 Wyandotte St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th
year 1948 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral thrombosis
Due to Arteriosclerosis
Due to Senility 836
Other conditions _____
(Include pregnancy within 3 months of death)

Duration 8 hr.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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 _____
3. Signature [Signature] (M. D. or other) _____
Address [unclear] Date signed [unclear]

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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 me

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

Signed Joe S. Benz

Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, 18, Missouri

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.