

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3523

FILED FEB 14 1949

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3062</u>		Registrar's No. <u>149</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, give name before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u>		9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9140 West Pine</u>				d. STREET ADDRESS (If rural, give location) <u>9140 West Pine</u>			
3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First)		b. (Middle) <u>Paris</u>		c. (Last) <u>Stark</u>	
4. DATE OF DEATH <u>January 19, 1949</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married/12/25/04</u>		8. DATE OF BIRTH <u>May 30, 1871</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 1 YEAR Days <u>19</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired publisher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Music printing</u>		11. BIRTHPLACE (State or foreign country) <u>Maysville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John S. Stark</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Casey</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie May Bruggemann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John S. Stark</u> ADDRESS <u>2112 St. Clair Av. Brentwood</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis Generalized</u> DUE TO (c) <u>Arterio-Sclerotic Heart Disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Langrene Left foot</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>10 yrs</u> <u>10 yrs</u> <u>4 mo</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Brentwood</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Co Mo</u>		21d. HOW DID INJURY OCCUR? <u>93d</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>June 1948</u> , to <u>January 19, 1949</u> , that I last saw the deceased alive on <u>Jan. 19, 1949</u> , and that death occurred at <u>3:25 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Christman M.D.</u> (Degree or title)				23b. ADDRESS <u>2648 Oakview Plc., Maplewood 17, Mo.</u>		23c. DATE SIGNED <u>1/20/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 21, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-21-49</u>		REGISTRAR'S SIGNATURE <u>John S. Stark</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert L. ...</u> ADDRESS <u>6633 Clayton Road. 17</u>			

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address.....

**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.