

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25728

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BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 11623

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Bonhomme Twnshp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Bonhomme Twnshp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, the street address and location) Clayton Rd., Chesterfield, Mo. R. 2.		d. STREET ADDRESS (If rural) Clayton Rd., Chesterfield, Mo. R #2.	
3. NAME OF DECEASED (Type or Print) a. (First) Warren b. (Middle) Paul c. (Last) Starck		4. DATE OF DEATH (Month) (Day) (Year) July, 17, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 17, 1925
9. AGE (In years last birthday) 23		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Famer	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Famer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Chesterfield, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Walter Starck	
13b. MOTHER'S MAIDEN NAME Emily Haas		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) yes		16. SOCIAL SECURITY? (If you give no or date of service) World #2.	
17. INFORMANT'S SIGNATURE OR NAME Walter Starck,		ADDRESS Chesterfield, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Third degree burns - crashing and piloting a plane which crashed and burned near Baxter & Clayton Roads, St. Louis County, Mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) St. Louis County, Mo. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) field	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 17 49 P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? See above			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Arnold J. Willmann (Degree or title) Coroner		23b. ADDRESS Clayton, Mo.	
23c. DATE SIGNED 7/19/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/20/49	
24c. NAME OF CEMETERY OR CREMATORY St. John		24d. LOCATION (City, town, or county) (State) Manchester, Mo.	
DATE REC'D BY LOCAL REG. 7-19-49		REGISTRAR'S SIGNATURE Heakent R. Slank	
25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home,		ADDRESS Ballwin, Mo.	

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

AUG 17 1949

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

Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Bellview, Mo

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.