

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28570  
Registrar's No. 6880

|  |  |   |   |  |   |  |  |  |  |  |
|--|--|---|---|--|---|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 318  |   | PRIMARY REG. DIST. NO. 1003  |   | Registrar's No. _____  |  |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Mo. b. COUNTY No. |   |  |  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis  |  | c. LENGTH OF STAY (in this place) _____   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis                                |   | d. STREET ADDRESS (If usual, give location) 5234 Blow                |  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5234 Blow  |  |   |   | d. STREET ADDRESS (If usual, give location) 5234 Blow  |   |  |  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) John   |  |   | b. (Middle) _____                               |  | c. (Last) Stark                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>Aug 6, 1949 |  |  |  |
| 5. SEX male  |  | 6. COLOR OR RACE white  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married   |   | 8. DATE OF BIRTH July 23, 1879                                       |  | 9. AGE (In years last birthday) 70   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) oiler  |  | 10b. KIND OF BUSINESS OR INDUSTRY brewery worker  |   | 11. BIRTHPLACE (State or foreign country) St Louis, Mo.  |   |  | 12. CITIZEN OF WHAT COUNTRY? _____                   |  |  |  |
| 13a. FATHER'S NAME not known   |  |   | 13b. MOTHER'S MAIDEN NAME Jennie                |  |   | 14. NAME OF HUSBAND OR WIFE Hilda Stark                              |  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no  |  |   | 16. SOCIAL SECURITY NO. _____                   |  | 17. INFORMANT'S SIGNATURE OR NAME Hilda Stark |  |  | ADDRESS 5234 Blow  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                          |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Lungs</i><br><br>ANTECEDENT CAUSES<br><i>Cancer of Urinary Bladder</i><br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>3 days</i><br><i>8 mos</i>                |  |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION<br><i>Cancer of bladder</i>  |   |  |   |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><i>520</i>  |   | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____                |  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |
| 21d. TIME OF INJURY _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR?<br><i>181X</i>  |   |  |  |  |  |  |
| 22. I hereby certify that I attended the deceased from <i>5-20, 1949</i> , to <i>Aug. 6, 1949</i> , that I last saw the deceased alive on <i>8-6, 1949</i> , and that death occurred at <i>10:30</i> m., from the causes and on the date stated above. |  |   |   |  |   |  |  |  |  |  |
| 23a. SIGNATURE<br><i>Frank G. Zingales M.D.</i>  |  |   | 23b. ADDRESS<br><i>16 Hampton Village Plaza</i> |  |   | 23c. DATE SIGNED<br><i>8/8/49</i>                                    |  |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>  |  | 24b. DATE <i>8/9/49</i>   |   | 24c. NAME OF CEMETERY OR CREMATORY <i>N St Marcus Cemetery</i>   |   | 24d. LOCATION (City/town, or county) (State)<br><i>St Louis, Mo.</i> |  |  |  |  |
| DATE REC'D BY LOCAL REG. <i>AUG 8 1949</i>   |  | REGISTRAR'S SIGNATURE<br><i>[Signature]</i>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>J. Ziegenhein &amp; Sons</i>  |   | ADDRESS<br><i>7027 Gravois</i>                                       |  |  |  |  |

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.

Signed.....

*Francis J. Quinn*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

*2245*

P. O. Address.....

*St. Louis, 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.