

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39327**
1003

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3335^A DELMAR Blvd.</u>				d. STREET ADDRESS (If rural, give location) <u>27th 3335^A DELMAR Blvd.</u>			
3. NAME OF DECEASED (Type or Print) <u>John</u>		a. (First)		b. (Middle) <u>HENRY</u>		c. (Last) <u>STARKS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>MAR. 27, 1910</u>		9. AGE (In years last birthday) <u>39</u>		# UNDER 1 YEAR Months Days <u>7 21</u>		# UNDER 24 HRS. Hours Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LUMBER YARD</u>		11. BIRTHPLACE (State or foreign country) <u>MAIVERN, ARK.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>CHARLIE STARKS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Eldora STARKS</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. <u>491-16-4258</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eldora STARKS 3335^A DELMAR</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>10-10-49</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Bronchitis</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>1060</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>500X</u>			
22. I hereby certify that I attended the deceased from <u>Nov 10th</u> , 19 <u>49</u> , to <u>Nov 18th</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 18</u> , 19 <u>49</u> , and that death occurred at <u>6 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. T. Albrecht M.D.</u>				23b. ADDRESS <u>2607th Franklin</u>		23c. DATE SIGNED <u>Nov 18-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY, <u>WASHINGTON PARK</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 22 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. H. Randle & SON 3133 BELL AVE.</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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. J. Watson

Signed.....

Student Embalmer

Licensed Embalmer No. 27698

P. O. Address 2769 Chouteau

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.