

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11131

#107613

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State File No. \_\_\_\_\_

2314

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|---|--|---|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u>  |  | c. LENGTH OF STAY (in this place) _____   |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis,</u>   |  | 2159<br>210  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) <u>15 2717 Wyandotte St.</u>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Henry</u>  |  | b. (Middle) _____   |  | c. (Last) <u>Starmann</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 9th, 1950</u>                  |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>   |  | 8. DATE OF BIRTH <u>June 15, 1874</u>  |  |
| 9. AGE (in years last birthday) <u>75</u>   |  | IF UNDER 1 YEAR Months _____ Days _____   |  | IF 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>Retired 12 yrs.</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME <u>Henry Starmann</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Lethegner</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Margaret Starmann (deceased)</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>078-05-1120</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anthony H. Starmann 4316a Grace Ave.</u>  |  |  |  |
| 18. CAUSE OF DEATH 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) <u>Congestive Heart Failure</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u><br><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. <u>Pleural Effusion</u><br><br>INTERVAL BETWEEN ONSET AND DEATH _____ |  |  |  |  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  | 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) <u>H200</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? _____   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>3/7/50</u> , 19 <u>  </u> , to <u>3/9/50</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>3/9/50</u> , 19 <u>  </u> , and that death occurred at <u>7:05am</u> m., from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE <u>Chas. Hendon</u> (Degree or title) <u>M.D.</u>  |  |   |  | 23b. ADDRESS <u>1515 Lafayette Ave.,</u>   |  | 23c. DATE SIGNED <u>3/9/50</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Mar. 13, 1950</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>        |  |
| DATE REC'D BY LOCAL REG. <u>MAR 18 1950</u>   |  | REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary 2842 Meramec St.</u>  |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18, Mo.

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

*mm*

**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

working under my personal supervision.

Student Embalmer No. ....

Signed

*Loren E. Percy*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4094

2842 Meramec St.

P. O. Address St. Louis, 18, 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.