

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10663

State File No. 2666

318

1003

Registrar's No. 2666

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>None</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>4 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis, Illinois</u>		d. STREET ADDRESS (If rural, give location) <u>919 Sycamore</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G. Phillip</u>				d. STREET ADDRESS (If rural, give location) <u>919 Sycamore</u>			
3. NAME OF DECEASED (Type or Print) <u>Beatrice Starks</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 11, 1900</u>	
9. AGE (In years last birthday) <u>51</u>		10. MONTHS <u>1</u>		11. BIRTHPLACE (State or foreign country) <u>Lexington Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Desota Hotel</u>		11. BIRTHPLACE (State or foreign country) <u>Lexington Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Wesley Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>James Starks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Starks 919 Sycamore</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Encephalopathy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet</u>	
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (b) <u>Undetermined</u>					
		DUE TO (c) _____					
		11. OTHER SIGNIFICANT CONDITIONS <u>Carcinoma of Pancreas with Metastases to Liver</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____			
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>3-18</u> , 19 <u>51</u> , to <u>3-21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-21</u> , 19 <u>51</u> , and that death occurred at <u>11 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Oliver J. Thompson M. D.</u> (Degree or title)				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>3-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/21/51</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Illinois.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 22 1951</u> <u>J. B. Casater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Q. Crigler 1036 Tudor Avenue</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 me

working under my personal supervision.

Student Embalmer No.

Signed Ben. H. Baldusis

Signed.....
Student Embalmer

Licensed Embalmer No. 2420

P. O. Address East Haven, Ct.

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.