

FILED AUG 1 1952

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2096</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis 3</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>9 4:91</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Berkely City</u>		d. STREET ADDRESS (If rural, give location) <u>8933 Springdale Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>				d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOYD</u>		b. (Middle) <u>F.</u>		c. (Last) <u>STARK.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 1952.</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 17, 1929</u>	
9. AGE (In years last birthday) <u>23</u>		10. MONTHS <u>23</u>		10. DAILY HOURS <u>23</u>		10. MINUTES <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector-Shells</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>McQuay-Norris</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hartshorn, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Llwellyn Stark</u>		13b. MOTHER'S MAIDEN NAME <u>Ellie Lawrence</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</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>495-28-5364</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Llwellyn Stark, 8933 Springdale Lane</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain damage and shock, suffered when the automobile he was operated when the automobile he was operated when the automobile he was operated</u> DUE TO (b) <u>ing west on Dorsett Rd. west of Lindbergh, collided with an eastbound</u> DUE TO (c) <u>auto operated by James Gaither</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>58164</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>400.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Maryland Heights St. Louis Mo</u>		21d. HOW DID INJURY OCCUR? <u>Blunt impact</u>	
21e. TIME OF INJURY <u>7/26/52 1:40A</u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>18</u> to <u>19</u> , that I last saw the deceased alive on <u>2-30A</u> , 19 <u>52</u> , and that death occurred at <u>2:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Arnold O. Williams</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>7/29/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 30 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-28-52</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark, 1125 Hodiamont 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.