

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34579

State File No.

FILED OCT 9 - 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2517

4001
4

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park, Mo.</u> | | c. CITY OR TOWN <u>Ferguson 4119</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moll Nursing Home</u> | | e. STREET ADDRESS (If rural, give location) <u>18 So. Hartnett Ave.</u> | |

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|---|------------|-------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) <u>ANNA</u> | a. (First) | b. (Middle) | c. (Last) <u>STARK</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1953</u> |
|---|------------|-------------|------------------------|---|

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|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------|-------|------|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> | 8. DATE OF BIRTH <u>May 23, 1869</u> | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days | Hours | Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------|-------|------|

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|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hanover, Germany 4</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|-----------------------------------|--|--|
| 13a. FATHER'S NAME <u>UNKNOWN</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>DECEASED, WILLIAM STARK</u> |
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|--|-------------------------------------|---|---------|
| 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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lydia Gieseck, 18 So. Hartnett-Ferguson</u> | ADDRESS |
|--|-------------------------------------|---|---------|

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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac dilatation</u> | | <u>1 day</u> |
| | ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) | | <u>2 yrs/</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>443X</u> | |

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 2-28-53, 1953, to 9-22-53, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|---|---|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>209 So. Kirkwood Rd., Kirkwood, Mo.</u> | 23c. DATE SIGNED <u>9-25-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>Sept. 26, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |
|--|---------------------------------|--|--|

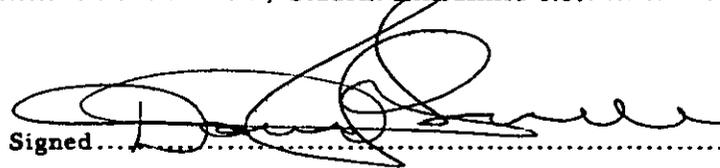
| | | | |
|---|--|--|------------------------------------|
| DATE REC'D BY LOCAL REG. <u>9-25-53</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F.H. Inc.</u> | ADDRESS <u>1936 St. Louis Ave.</u> |
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Dr. C. H. Leslie
209 So. Kirkwood Rd.
9:30 to 10:30
1 to 3

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 452

P. O. Address H. Lane

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.