

FILED JUN 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20637**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 547		Registrar's No. 1324							
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Richmond Heights.				c. LENGTH OF STAY (In this place) 2 wks.		c. CITY OR TOWN University City 376		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Marys Hospital				STREET ADDRESS (If rural, give location) 7343 Westmoreland									
3. NAME OF DECEASED (Type or Print) a. (First) OLLIE			b. (Middle) STARK			c. (Last) HUNTER.			4. DATE OF DEATH (Month) (Day) (Year) June 9, 1955				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 31, 1880		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife				10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Hermann, Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME George Stark.				13b. MOTHER'S MAIDEN NAME Laura Feldman.				14. NAME OF HUSBAND OR WIFE Lee Hunter					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jos. Hunter; 5 Fair Oaks., Ladue, Mo.							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular tachycardia-fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 6 yrs DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure								INTERVAL BETWEEN ONSET AND DEATH 1 hr. 1 yr.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1200								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)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 May 31, 1955 , to June 9, 1955 , that I last saw the deceased alive on June 9, 1955 , and that death occurred at 3 P.m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) George A. Make M.D.						23b. ADDRESS 4161 Lindell			23c. DATE SIGNED June 10, 1955				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/11/1955		24c. NAME OF CEMETERY OR CREMATORY UNKNOWN			24d. LOCATION (City, town, or county) (State) Hermann, Missouri						
DATE REC'D BY LOCAL REG. 6/10/55		REGISTRAR'S SIGNATURE Herbert B. Donke, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,							

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten marks

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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.