Health, Welfare Public Service

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FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-012348
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3134

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis City Hosp. #1 — Length of stay in Hospital 25 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3609 Humphrey St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Edward Middle: P. Last: Stark

4. DATE OF DEATH Month: Mar Day: 15 Year: 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Aug. 10, 1886

9. AGE (In years last birthday) 71 — 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) (retired) Employee

10b. KIND OF BUSINESS OR INDUSTRY Ford Motor Co.

11. BIRTHPLACE (City and state or country) St.Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ----- Stark

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Emma Kuemerle Stark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ------

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Mrs. Adele Hanna- Address 6961 Hillsland Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb. 22, 1958, to Mar 15, 1958 and last saw her/him alive on Mar 15, 1958
Death occurred at 10:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jollower (Degree or title) MD

22b. ADDRESS 1515 Lafayette Ave.

22c. DATE SIGNED Mar 17,'58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Mar.19,1958

23c. NAME OF CEMETERY OR CREMATORY New St.Marcus Ceme.

23d. LOCATION (City, town, or county) St.Louis (State) Missouri

24. FUNERAL DIRECTOR WACKER-HELDERLE- ADDRESS 3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG. MAR 18 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. M.E.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Herbert J. Gee Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, M

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.