

FILED FEB 24 1942
 791

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **512 Dover Place**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Dr. Max C. Starkloff**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Genevieve Starkloff** 6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **December 30, 1858**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	0	16	hr. 1 min.

9. Birthplace **Quincy, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Physician**

11. Industry or business _____

12. Name **Hugo Max Starkloff** **4**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Hermena Reinhardt**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. Max Starkloff Jr.**

(b) Address **512 Dover Place**

17. (a) **Cremation** (b) Date thereof **1-17-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhall Chapel of Memories**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 S. Grand Blvd.**

19. (a) **JAN 17 1942** (b) **J. F. Medeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **600**
 (c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. **512 Dover Place** **9**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **15th**
 year **1942** hour **9 p.m.** minute _____ M.

21. I hereby certify that I attended the deceased from **Nov 1** 19**41** to **Jan 15** 19**42**
 that I last saw him alive on **Jan 14** 19**42**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pyelonephritis - Chronic Cystitis**
 Due to _____
 Due to _____

Other conditions **133 a**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **as above with sub-phrenic abscess**
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work _____ (Specify type of place) (e) Means of injury **D**

23. Signature **R. A. Kinella** (M. D. or other) **D**
 Address **3720 Washington** Date signed _____

R. A. Kinella

no talking about other certificate

*St. Mary's Hospital
at 9 A.M.
Dr. Ralph Kinsella*

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Vincent L. Berryman*.....
Licensed Embalmer No. *4018*.....
P. O. Address..... *St. Louis Mo.*.....

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.