

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

31379

PLACE OF DEATH

County... St. Louis
Township... Central
City... Maplewood,

Registration District No. 786
Primary Registration District No. 4469
(No. 7360 Maple av.)

File No.
Registered No. 52 St. Ward)

2. FULL NAME John S. Stark,
(a) Residence, No. 7360 Maple av. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Ann Stark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11, 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 6 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Publisher,
(b) General nature of industry, business, or establishment in which employed (or employer) Music
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Aaron Stark,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia.

12. MAIDEN NAME OF MOTHER Unknown Stillwell,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia.

14. INFORMANT Wid. P. Stark
(Address) 7360 Maple av.

15. FILED 10/22/27 Mercedes Schuster
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-26 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-8, 1927, to 10-21, 1927 that I last saw him alive on 10-21, 1927, and that death occurred, on the date stated above, at 1:25 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Cardiac Condition

131

92A

137 years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Parenchymatous Nephritis,
Chronic Prostatitis. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

0 1290 no DATE OF...
DID AN OPERATION PRECEDE DEATH? no
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) Thos. J. Hammond, M. D.

Oct. 21/27 (Address) Sulte & Elm Ave Maplewood Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Peters,

Oct. 23, 1927

20. UNDERTAKER

Wm. Ambrose & Co., ADDRESS 4234 Manchester

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 27 1927

