

FEB 11 1936

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

Do not use this space.

3773

1. PLACE OF DEATH

County Registration District No. 1003 File No.
Township Primary Registration District No. 4116 L. L. L. Ave Registered No. 11025
City St. Louis (No.) St. Ward)

2. FULL NAME

Wm. G. Stark
(a) Residence, No. 4116 L. L. L. Ave St. 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 7 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 7 21

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER 13. NAME Wm Stark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

MOTHER 15. MAIDEN NAME Mary Salisbury

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mr. Gould
4432 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillside DATE Jan 29 1936

19. UNDERTAKER (ADDRESS) Drumsehurg Ind. Co
4700 W. Fitzgerald St

20. FILED 25 19 24 Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1936

22. HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Jan 27 1936
I last saw h..... alive on Jan 20 1936 Death is said

to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset
acute exacerbation.

Other contributory causes of importance:
Chr Parum nephritis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) A. D. Decker M. D.
(Address) 2204 Howard St

7-205 60-70